Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies
Collection

2015

An Examination of the Differential Impact of University/College Research Emphasis on Levels of Counselors' Resilience

Erica Ann Handon
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Adult and Continuing Education Administration Commons, Adult and Continuing Education and Teaching Commons, Counseling Psychology Commons, and the Curriculum and Instruction Commons

Walden University

College of Counselor Education & Supervision

This is to certify that the doctoral dissertation by

Erica Handon

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Laura Haddock, Committee Chairperson, Counselor Education and Supervision
Faculty
Dr. Gregory Hickman, Committee Member, Human Services Faculty
Dr. Theodore Remley, University Reviewer, Counselor Education and Supervision
Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2015

Abstract

An Examination of the Differential Impact of University/College Research Emphasis on

Levels of Counselors' Resilience

by

Erica Handon

MA, North Carolina Central University, 2010

BS, University of North Carolina at Pembroke, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2015

Abstract

Counselor resilience is the ability to transform adversity into growth opportunities that become part of the professional's identity and the core values of a counselor. However, researchers have yet to identify why some counselors exhibit higher levels of resilience while others exhibit less. Counselor resilience can be learned and nurtured at any point of an individual's development. The purpose of this study was to examine how differences within the foundational edification of a research-embedded curriculum impact a counselor's level of resilience. Participants included practicing counselors who received their counseling degrees from a 2014 U.S News and World Report (USNWR) Nationally Ranked Best University\Colleges. Using a quantitative, comparative design, 123 counselors were surveyed using a demographic questionnaire and the modified CD-RISC (CD-RISC-27). An analysis of variance was used to examine the impact of differences among counseling professionals' levels of therapeutic resilience based on the ranking of the institutional and research emphasis within their respective counseling programs. The results from this study indicated that research-embedded curriculum had no significant difference in a counselor's level of resilience ($p > .05$). Outcomes for this study provide statistical evidence that curricular differences and university ranking do not explain the variance in counselors' demonstrated resilience. These findings validate the academic and clinical application of non-research based training programs and non-traditional learning environments.

An Examination of the Differential Impact of University/College Research Emphasis on

Levels of Counselors' Resilience

by

Erica Handon

MA, North Carolina Central University, 2010

BS, University of North Carolina at Pembroke, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2015

Dedication

This dissertation is dedicated to the memory of my father, Roy Handon Sr my

first teacher, unconditional cheerleader, and hardest critic. I am eternally thankful for

your believing in my dreams since my first day of kindergarten.

Acknowledgments

Table of Contents

i

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Introduction

Counselors are at risk for developing debilitating symptoms of burnout or vicarious trauma as a consequence of therapeutic work (Lawson & Venart, 2003). As a result, it is imperative to examine what contributes to a counselor's resilience in an effort to identify what reduces susceptibility to these impairments (Harrison & Westwood, 2009; Sadler-Gerhardt & Stevenson, 2011). Counselor resilience is necessary for long-term counselor competence (Skovholt, 2012). Resilient counselors exhibit a physiological and psychological balanced growth in overall wellness. A higher level of resilience is indicative of increased adaptive and coping behaviors (Lawson & Myers, 2011; Lee et al., 2013). Lawson and Venart (2003) identified resilience as a factor in decreasing counselor impairment. In combating counselor impairment, researchers have suggested that it is more beneficial to examine the characteristics, which promote counselor resilience, than it is to focus on the characteristics that promote distress and a state of depletion (Osborn, 2004; Sadler-Gerhardt & Stevenson, 2011). Characteristics of counselor resilience include thriving, hardiness, learned resourcefulness, and self-efficacy (Connor & Davidson, 2003). Resilient counselors consistently make decisions that lead to wellness and health (Lawson & Myers, 2011).

For the past 30 years, the counseling profession has strived to forge a professional identity separate from other helping professionals (Urofsky, 2013). In 1983, only five states in the United States licensed professional counselors and only a handful of institutional training programs existed (Urofsky, 2013). In 2013, all 50 states licensed

professional counselors, and over 400 counseling training programs existed (Urofsky, 2013). Researchers have found master- and doctoral-level counseling students have a greater sense of wellness than other participants pursuing a higher education (Myers, Mobley & Booth, 2003; Roach & Young, 2007).

Despite the common goal of counselor education programs, many of these institutions place a differential emphasis on research embedded in the curriculum as a didactic philosophy within the learning environment and curriculum of counselors in training (Cannon & Cooper, 2010). Since 1983, the U.S. News & World Report (USNWR) have ranked these institutional differences. The USNWR's institutional reporting includes unranked, Tier 2, and Tier 1 universities and colleges (USNWR, 2013). These institutional rankings are indicative of the resources and research emphasis embedded within the curriculum at such universities and colleges (Levin, 2012).

This chapter is intended to provide a brief overview of this study. Major sections include background on counselor impairment and emphasis within training programs. The problem statement, the purpose of the study, the research question, and hypothesis statements are also presented in this chapter. The theoretical framework for this study is resilience theory, which will also be discussed. This chapter also provides an initial explanation of the nature of the study, the operational definitions, assumptions, scope, and limitations of this study. The significance of the study and a comprehensive summary conclude this chapter.

Background

Counseling students typically enter the helping profession with a desire to help others (McAllister & McKinnon, 2009; Skovholt, 2001). However, helping others requires a high degree of self-giving (McAllister & McKinnon, 2009). Continuously giving of one's self can be altruistic and stressful (McAllister & McKinnon, 2009). Over 50% of counselors admit to being so concerned about the client that it impacted their eating, sleeping, or concentrations (Pope & Tabachnick, 1993; Pope & Vasquez, 2010). Disproportionately, helping professionals experience higher levels of stress-related issues such as coronary disease, substance abuse, and high suicide rates when compared to other professional careers (McAllister & McKinnon, 2009; Wieclaw et al., 2006). In 2011, 43% of surveyed counseling graduate students indicated they had experienced stress beyond their ability to handle at one point during their program (Repack, 2011). Factors that have been shown to exacerbate stress--related issues include inexperience and inadequate skill development (McAllister & McKinnon, 2009). Preventive measures to reduce the negative implications of counseling are imperative for the healthy development of the counselor and client (Patterson & Heller- Levitt, 2011).

Brew (2006) suggested, that all students pursing higher education could benefit from up-to date research embedded in their curriculum. Jacobs and Hyman (2010) found students who attend educational institutions with higher research rankings benefit from increased resources, enhanced research facilities, and frequent incorporation of the latest research in classroom instruction. When research was embedded in the curriculum, student engagement was increased and a deeper understanding is obtained through

inquiry led instruction (Giller, 2011). This study was needed to ensure counselors are adequately trained within educational institutions to overcome stress and adversity during therapeutic sessions.

Problem Statement

Following degree obtainment, more than half of counseling graduates pursue careers that provide therapeutic services within public or private facilities (Norcross & Sayette, 2011). The institution in which a counselor begins his or her work career can affect that counselor's performance on comprehensive competence examinations and future ethical conduct (Even, 2013; Riddle et al., 2009).

Within the therapeutic environment, counselors listen to stress and adversity experienced by clients (Harrison & Westwood, 2009). Counselor resilience is the ability to cope with stress and adversity vicariously experienced during therapeutic work and bounce back from exposure to an improved level of functioning (Skovholt, 2012; Smith et al., 2008). Resilient counselors are more equipped to overcome stress related implication of counseling (Mehzabin, Kameshwari, Mathew, Ashok, & Shaikh, 2009).

Although the aforementioned research illuminates important findings regarding the emphasis of research within educational institutions and counselor resilience, there is currently a gap within the knowledge on how a research ranking of various universities impacts a counselor's development of resilience. Despite an exhaustive inquiry, research on the impact of research driven instruction and the development of counselor resilience has yet to be identified. This gap presents a problem in that a lack of adequate educational experience can lead to counselors being inadequately prepared for workplace

survival, which leaves them vulnerable to future stress and impairment (Gardner & Boix-Mansilla, 1999; McAllister & McKinnon, 2009). Until adequate knowledge is obtained regarding how research driven instruction impacts counselor resilience, counselors will continue to be vicariously exposed to stress without the knowledge of the essential resilience characteristics that can potentially contribute to their overall ability to cope with and adapt to this exposure (McAllister & McKinnon, 2009).

Purpose of the Study

The purpose of this quantitative, comparative study will be to examine the differences among counseling professionals' level of therapeutic resilience based on the institutional research emphasis within their counseling programs. The dependent variable for this study is counseling professionals' level of resilience. While educational research ranking will be used to measure the independent variable: the emphasis of research within a counselor's educational institution. To analyze the differential impact of research emphasis on counselor resilience ANOVA will be used for identifying any significant differences between research ranking and level counselor resilience. ANOVA is used to examine whether group means on the dependent variable vary significantly from each other (Green & Salkind, 2011; Johnston, 2009). Post hoc analysis will also be conducted to compare group differences. The goal of the post hoc analysis is to understand where the significant difference exists (Green & Salkind, 2011; Homack, 2001). Upon rejection of the null hypothesis in the ANOVA, a post hoc multiple comparison test is used to maintain the a priori Type I error rate (Homack, 2001).

Research Question

RQ: What impact do research rankings (i.e., unranked, Tier 2, and Tier 1) at educational institutions have on developing resilience among counselors?

Hypotheses

The following research hypotheses and alternative hypotheses were formulated to study the primary research questions:

*H*o1: μ1=μ2=μ3   There are no significant differences in resilience among counselors who attended unranked, Tier 2, and Tier 1educational institutions.

H$_a$1: μ1 ≠ μ2 ≠ μ3   There are significant differences in resilience among counselors who attended unranked, tier 2, and tier 1educational institutions.

Theoretical Framework

Resilience theory is the theoretical framework for this study. Resilience originates from the Latin *resilire*, which is translated, to leap back or spring back (Oxford English Dictionary, 2007; Windle, 2011). Studies on resilience date back to the 1800s (McAllister & McKinnon, 2009). Chapter 2 provides a discussion on the evolution of resilience, supported by empirical data. The resilience theoretical framework provides insight into an individual's ability to effectively cope and adapt in the face of stress, adversity, and trauma (Ahangar, 2010). Within the classroom, resilient thinking can be put into practice to improve a student's skills development (McAllister & McKinnon, 2009). Intelligence and scholastic competencies are positively associated with the ability to overcome great odds within the community (Werner, 1995; Donnellan, Conger, McAdams, & Neppi, 2009). The resilience theoretical framework will be used to identify the learning

environments in which resilience thinking is facilitated by first examining how the emphasis of research impacts the development of counselor resilience.

Resilience can be learned at any stage of development (Lambert & Lawson, 2009). Resilient counselors are more determined and have an enhanced ability to successfully recover from therapeutic work (Lambert & Lawson, 2009). As a result, there are several paths to aid counselors with enhancing their overall resilience (Jackson & Watkin, 2004). Similarly, there are several educational decisions that can provide counselors with the tools to develop and maintain counselor resilience.

Nature of the Study

The research design best suited for this study will be a non-experimental, comparative design. This type of design allows the researcher to compare differences within an institutional emphasis on research and counselor resilience (Atieno, Okech, Astramovich, Johnson, Hoskins, & Rubel, 2006; Tebes, Puglisi, Vasquez, & Perkins, 2004). In 2006, researchers utilized a similar analysis to determine if differences exist within doctoral research training programs and time of graduation among students (Atieno Okech et al., 2006). In addition, a one- way analysis of variance (ANOVA) was used to compare differences among bereaved young adults, non-bereaved young adults, and indicators of resilience (Tebes et al., 2004). A post hoc analysis was used to identify significant differences that confirmed if cognitive transformation, is a marker of resilience and associated with successful adaptation in the aftermath of adverse experiences (Tebes et al., 2004).

Participants for this study consisted of a sample of master's level practicing counselors that graduated from an unranked, Tier 2, or Tier 1 educational institutions. Participants were recruited through listserves and email prompts to college alumni departments, approved clinical supervisors, and national and international counseling organizations for 10 weeks. Listserves have been obtained by contacting national and international counseling associations. Individuals that did not participate in listserves, alumni organizations, supervision, and counseling organizations were not prompted regarding this study. The projected sample size for this study is based on GPower analysis of approximately 42 participants. To ensure a sufficient number of participants are obtained the sample for each educational institutional ranking is 42, which makes the total projected sample size of 126 participants. An incentive of a 5-dollar gift card was offered to all clinicians that participate in the study. Participants for this study were given a demographic questionnaire to obtain data on institutional programs and a modified Connor-Davidson Resilience Scale (CD-RISC-27) to measure overall resilience.

The CD-RISC--27 was used to measure the dependent variable counselor resilience. The dependent variable was measured using a 27-item self-reporting scale in a Likert-type fashion. Each item is rated from 1 (*not true at all*) to 5 (*true nearly all the time*). The total number of points is derived from the scores of each question and an overall score is created by the sum of the 27 questions. Hence, the overall resilience score can range from 27 to 135. The instrument provides one total score of overall resilience ranging from 27–135, with higher scores reflecting greater resilience (Dong et al., 2013, p. 78). A demographic questionnaire was utilized to identify master level counselors,

graduation date, degree completed, and school name. Information obtained from the questionnaire was used to create the independent variable of institutional research ranking. Universities and colleges attended will be coded based on 2014 U.S. News College Rankings: 1 = unranked research universities/colleges, 2 = Tier 2 research universities/colleges, and 3 = Tier 1 research university/colleges.

Operational Definitions

Adversity: A stressful life events, which can cause stress and disrupt the normal functioning (Masten, 1994).

Adaptability: The ability of an individual to generate a new way of functioning and making adjustments in the face of change (Martin-Breen & Anderies, 2011).

Burnout: A state of mental and/or physical exhaustion caused by excessive and prolonged stress (Smith, Segal, & Segal, 2012, p. 148).

Educational Institution: A term used to describe colleges or universities (Levin, 2012).

Hardiness: A learned skills such as cognitive, behavioral, and interpersonal that enhances an individual's ability to face stress as an opportunity for growth (Sadaghiani, 2011).

Learned Resourcefulness: An adaptive function in which an individual obtains the ability to regulate emotions and cognitions (Goff, 2009).

Protective factor: Variables that assist individuals to recover from, and thrive despite adversity (Gafton, Gillespie, & Henderson, 2010).

Resilience: The human's capacity to move naturally or intrinsically in a positive direction despite challenges (Ahangar, 2010; Masten, 2001).

Self-Efficacy: An internal judgment of one's abilities to perform and specific task successfully (Margolis & McCabe, 2006).

Thriving: Ability to exceed original psychosocial level of function and to become mentally and physically strong (Norlander, Von Schedvin, & Archer, 2005, p.106).

Tier 1: Comprised of the top 50 numerically ranked universities and colleges (U.S. News Staff, 2013).

Tier 2: Representing the bottom 25% of universities and colleges (Levin, 2012; U.S. News Staff, 2013).

Unranked: Universities and colleges that failed to provide U.S. News with sufficient information about their educational institution to be numerically ranked (U.S. News Staff, 2013).

Vicarious Trauma: Is a negative cumulative internal transformation that occurs in a therapist as a result of empathic engagement with clients (Pearlman & Saakvitne, 1995; Sexton, 1999).

Assumptions

ANOVA shares the similar underlying assumptions of all parametric tests. Parametric statistics typically have similar characteristics such as normal distribution and testing hypothesis about specific populations (Green & Salkind, 2011; Johnston, 2009). There are five assumptions that must be met before a parametric analysis should be completed (Field, 2009). The first two assumptions pertain to independence and the

assumptions of normality (Ghasemi & Zahediasl, 2012; Green & Salkind, 2011). The assumption of independence states the samples are independent and participants are obtained from a random sample (Ghasemi & Zahediasl, 2012; Green & Salkind, 2011). The assumption of normality is the dependent variables that are normally distributed in the population studied. The third assumption is homogeneity of variances between groups. The assumption of homogeneity of variance between groups assumes participants' scores in any condition, do not influence the scores of other participants or the variance within each of the populations is equal (Field, 2009; Frutos, 2012). The fourth assumption is a robust test, which indicates accuracy within a statistical model. Field (2009) found accuracy could be identified even when assumptions are broken within a robust test. The final assumption within a parametric test assumes that the dependent variable is interval (Field, 2009; Zaiontz, 2013). This assumption is needed to ensure data are quantifiable in nature (Field, 2009).

Scope and Delimitations

I sought to examine counselor resilience among master's level clinicians. This focus was identified to gain understanding of the impact of initial counselor training on the development of resilience. Participants in this study are delimited to counselors who have a master's degree in counseling and currently work as a licensed professional counselor. The research design was not intended to produce results to account for all licensed counselors or educational institutions. A selection of a non-random group creates a threat to the internal validity of the study (Campbell & Stanley, 1966). To offset any threats to the internal validity, prompts to participate in this study were made to national

counseling professionals. This also increased the chances of obtaining a diverse sample population.

Limitations

The greatest limitation of this study is selection, which is an internal threat to validity (Campbell & Stanley, 1963). Selection is a threat to the internal validity of this study because participants are self-selected into comparison groups (Campbell & Stanley, 1963). Data obtained from this study relied on participant's honest interpretation of perceived resilient characteristics and educational training programs. Experimental mortality is another limitation of this study. Experimental mortality pertains to a differential loss of participants within one or more comparison groups (Campbell & Stanley, 1963). To reduce the limitations, participants were frequently reminded of anonymity throughout their participation. In addition, the researcher coded data regarding educational institutions to reduce this threat to validity. The research design chosen for this study presented limitations. Results of a comparative analysis were used with caution because the relationships between variables were not a direct indicator of a causal connection between study variables (Gay, Mills, & Airasian, 2006). There are several factors that can account for why variables impact one another (Gay et al., 2006). Changes that occur in one variable could have been the direct result of an unaccounted for variable (Gay et al., 2006). Unaccounted for variables was another limitation of this study. This study also had limitations with regard to the use of a survey design. Poorly worded questions could lead to the misinterpretation of questions and erroneous responses.

Significance of the Study

The significance of this study was multi-faceted with the foundational purpose of facilitating social change. This study may lead to additional inquiries into counselor resilience, which is significant to the profession of counseling at large. Data obtained from this study will provide administrators in educational institutions to the insight as to how curricular differences such as research driven instruction impacts clinical skill development. Faculty members can also use the data obtained to promote resilience in counseling professionals. Utilization of resilient strategies can decrease a clinician's susceptibility to the negative implications of therapeutic work such as burnout and traumatic stress (Lawson & Venart, 2005). Counseling professionals can use the data obtained in recognizing and nurturing a healthy sense of resilience. Resilience leads to enhanced functioning and longevity within the field (Clark, 2009). Comprehensively, this study will inform counseling training programs on the implications of program structure and a student's level of resilience.

Summary

Counselor resilience is necessary for long-term counselor competence (Skovholt, 2012). Educational institutions are responsible for preparing counselors for skill applications within the field (Jacobs & Hyman, 2010). When research is embedded in the curriculum, student engagement is increased, and a deeper understanding is obtained through inquiry led instruction (Giller, 2011). I sought to examine how differential emphasis on research within the curriculum impacts counselor resilience. The significance of this study was multi-faceted with the foundational purpose of facilitating

social change. This study may lead to additional inquiries into counselor resilience. This study may also lead to informing counseling training programs on the implications of program structure and a student's level of resilience to foster social change. Chapter 2 is a review of literature on resilience, educational research ranking, and research driven instruction. In Chapter 3, I provide a detailed description regarding the methodology for this study such as the design, data collection methods, instruments, procedures, and the data analysis plan. Chapter 4 is a discussion of findings for the null and alternative hypotheses and the statistical techniques performed. Chapter 5 will summarize and conclude with findings and discuss implications for future inquiries.

Chapter 2: Literature Review

Introduction

Varied levels of emphasis on research embedded in the learning environment of educational institutions may influence the development of resilience needed to effectively cope with the stress and adversity vicariously experienced during therapeutic work (Prince, Felder, &, Brent, 2007; Roberts, Batten, Marshall, & Massie, 2004). The purpose of this quantitative, comparative analysis is to examine the differences among counseling professionals' levels of therapeutic resilience in relation to the institutional research emphasis within their counseling programs. When research is embedded in a student curriculum, students are better able to utilize critical thinking skills, increase intellectual engagement, and obtain a deeper understanding of content (Giller, 2011). Within the classroom, resilient thinking can be put into practice to improve a student's critical thinking skills (McAllister & McKinnon, 2009). Upon graduation, resilient counselors are more equipped to overcome stress related implications of counseling (Giller, 2011; Mehzabin, Kameshwari, Mathew, Ashok, & Shaikh, 2009). Counselor training programs with a structural emphasis on research may produce counselors vulnerable to future stress within the workplace (McAllister & McKinnon, 2009; Sterling, 2010).

In Chapter 2, I will provide a review of relevant literature on the development of resilience and the role and development of varied levels of research embedded in learning environments within educational institutions. The first section of this chapter will be the theoretical framework of this study, which is the resilience theory. Following this introduction, there will be a discussion on the development of resilience, which is broken

down into three waves of resilience research inquiries. In addition, a review of the development of the educational institutional ranking system and impact of research embedded instruction will be addressed. The literature review will conclude with a review of the current understanding of counselor resilience and studies conducted on research on educational institutional differences.

The search of relevant literature used the following databases: Academic Search Complete, eBook Collection (EBSCOhost), Education Research Complete, ERIC, PsycINFO, Google Scholar, and ProQuest. The following keywords and phrases and were used: *U.S News and World Report, college ranking, research + resilience, research + university, markers of resilience, counselor impairment, curriculum, research, unranked universities, tier 2, tier 1, research university, counselor resilience, and higher education + resilience.* The seminal literature for the literature review include: Anthony, 1974; Benard, 1996; Epstent, 1979; Garmezy, 1991; Gustinella, 1995; Harbison 1983; Hunter & Chandler, 1999; Lee, London & Mone, 1987; Moskovits 1985; Rutter, 1979; Skovholt & Ronnestad, 1992; Toomey, Brennan & Friesen, 1997; Wagnild & Young, 1993; and Werner & Smith, 1982.

Theoretical Framework

The theoretical framework for this study was the resilience theory (Anthony, 1974). The resilience theory is an ideal framework for this study because it demonstrates the significance of a dependent variable and how resilience impacts an individual's ability to cope with adversity (Fletcher & Sarkar, 2013). Resilience originates from the Latin, *resilire* (Windle, 2011), which translates "to leap back or spring back" (Oxford

English Dictionary, 2007). Resilience theory is rooted in psychopathology and ecosystem perspectives (Smith-Osborne, 2007). Researchers assert that the conceptual development of resilience dates back to the early 1800s (McAllister & McKinnon, 2009). *Invulnerable* and *invincible* were once terms used interchangeably to describe this theoretical framework (Earvolino-Ramirez, 2007, p. 74). The terms invulnerable and invincible were used interchangeably in an effort to label children who did well despite numerous risks (Anthony, 1974; Earvolino-Ramirez, 2007). Additional inquiries within the concepts of invulnerable and invincible examined individuals' responses to different circumstances and identified a distinction between degrees of resilience and vulnerability (Waller, 2001). Resilient individuals are those able to manipulate and shape their environment in positive ways, and ask for help when required, when compared to vulnerable individuals (Ahmed et al., 2011).

Resilience is a relatively simple concept that has been recognized as a multidisciplinary approach for centuries (Windle, 2011). The initial constructs of resilience theory precede frameworks within psychiatry, developmental psychology, and counseling (Smith-Osborne, 2007). In addition, many scientific and mathematical disciplines developed conflicting views on resilience which were largely the result of differences in defining how individuals, groups, objects, and organizations react to and deal with stress as well as adversity (Burnard & Bhamra, 2011; Fletcher & Sarkar, 2013; Vogus, 2003; Wisner, 2011). Epidemiological concepts of resilience focus on immunity and resistance to disease (Alex-Osborne, 2007; Thoits, 1983). Within physics, resilience is viewed as the ability of a strained body, by virtue of high yield strength and low elastic

modulus, to recover its size and form following deformation (Fletcher & Sarkar, 2013). Organizational resilience is a structure's ability to withstand and adapt to new risk environments (Burnard & Bhamra, 2011; Crichton et al., 2009; Starr et al., 2003). These inconsistencies as to how resilience is defined have led to challenges in interpreting data obtained on resilience (Smith-Osborne, 2007). As a result, some researchers questioned the scientific value of resilience itself (Bodin & Winman, 2004; Fletcher & Sarkar, 2013).

Similarly, in relation to humans, there are various ways in which psychological researchers have defined resilience (Fletcher & Sarkar, 2013). In 1987, resilience was seen as protective factor, which alters a person's response to environmental hazards (Fletcher & Sarkar, 2013; Rutter, 1987). Connor and Davidson (2003) defined resilience as personal characteristics that enable individuals to thrive in the face of adversity (Fletcher & Sarkar, 2013). In 2005, the researchers defined resilience as a complex repertoire of behavioral tendencies (Abaibi & Wilson, 2005; Fletcher & Sarkar, 2013). The various definitions and models of resilience have been tested (Brennan, 2008; Denz-Penheny & Murdoch, 2008; Hasse, 2004; Patterson, 1988; Richardson, 2002) and most researchers agree psychological resilience is the positive adaption that occurs despite adversity (Fletcher & Sarkar, 2013; Smith-Osborne, 2007).

Paradigm Shifts within Resilience Theory

The major theoretical propositions of resilience began in the 1950s and can be characterized in three waves or paradigm shifts (Windle, 2011). The first wave consisted of qualitative phenomenological research conducted on at risk youth (Martin-Breen & Anderies, 2011). One of the first studies within the field consisted of 698 infants of

Hawaiian and Asian descents in Kauai, Hawaii (Martin-Breen & Anderies, 2011; Smith-Osborne, 2007; Werner, 1995). Researchers documented the lives of the participants from infancy until the age of 40 utilizing a natural history method (Earvolino-Ramirez, 2007). This longitudinal study was intended to examine whether childhood adversity has an impact on adulthood (Smith-Osborne, 2007). Two-thirds of the participants that grew up in poverty or high-risk conditions such as divorce, substance abuse, or mental illness developed serious problems as adults (Earvolino-Ramirez, 2007). The other one-third of the participants developed, despite environmental hardships and stresses, to live successful lives in adulthood (Earvolino-Ramirez, 2007; Rickwood, Roberts, Batten, Marshall, & Massie 2004; Werner, 1995).

Throughout the 1970s, researchers conducted similar studies to examine children born into various high-risk conditions such as living in the inner city, physical abuse, and parents with mental illness and substance abuse (Benard, 1996; Rickwood et al., 2004). These studies identified and confirmed the characteristics and protective factors that resilient individuals possess to overcome adversity (Earvolino-Ramirez, 2007; Johnson & Wiechelt, 2004). When children and adolescents were given elevated expectations and unobtrusive monitoring of their well-being, they exhibited increased resilience (McAllister & McKinnon, 2009). The results also indicated that protective factors include social support such as coping, self-efficacy, optimism, patience, hardiness, tolerance, faith, adaptability, self-esteem, and sense of humor (Garmezy, 1991; Hunter & Chandler, 1999; Rutter, 1985; Wagnild & Young, 1993; Werner & Smith, 1982). In 2004, Johnson and Wiechelt found protective factors such as connection with family,

peers, and positive models result in healthy outcomes (Earvolino-Ramirez, 2007). In addition, Johnson and Wiechelt (2004) noted resilience manifests differently for everyone (Earvolino-Ramirez, 2007).

In additional studies, researchers examined the characteristics of resilience within child survivors of the holocaust, inner city youth, and children that grew up Northern Ireland during political turmoil and frequent violence (Brennan, & Friesen, 1997; Epstent, 1979; Harbison, 1983; Moskovits, 1985; Toomey,). The results showed that children surrounded by turmoil were able to grow into productive adults despite this exposure (Toomey, Brennan, & Friesen, 1997). In addition, researchers found that exposure to adverse environmental factors increases individuals' susceptibility to mental illness, unemployment, criminal activity, or drug abuse (Masten, 2001).

This phase of inquiry also expanded understanding of resilience to include the importance of external support systems such as positive relationships and healthy self - concepts (Lee, London, & Mone, 1987; Rickwood, Roberts, Batten, Marshall, & Massie, 2004). The psychological and biological factors that help individuals cope and recover from adversity were validated (Earvolino-Ramirez, 2007; Gafton, Gilespie, & Henderson, 2010; Richardson, 2002; Waite & Richardson, 2004). A limitation of this phase is the lack of data on how characteristics or qualities of resilience are acquired (Earvolino-Ramirez, 2007; Gafton, Gilespie, & Henderson, 2010, Richardson, 2002). To address this limitation, the second wave of resilience studies focused on how resilient characteristics are acquired (Earvolino-Ramirez, 2007; Gafton, Gilespie, & Henderson, 2010; Richardson, 2002).

Second Wave of Resilience Theory

During the second wave of resilience theory, researchers sought to identify how characteristics of resilience are acquired (Kitano & Lewis, 2005). This wave of inquiry expanded understanding of the academic and educational aspects of resilience (Rickwood, Roberts, Batten, Marshall, & Massie, 2004). During the mid-1990s, youth and career services agencies began to incorporate resilience strategies within their respective programs (Rickwood, Roberts, Batten, Marshall, & Massie, 2004). The youth and career development field utilized these resilience strategies to gather information and to assist high-risk clients in overcoming barriers (Brown, 1996; Rickwood, Roberts, Batten, Marshall, & Massie, 2004).

The second wave of resilience inquiry found that resilience is acquired during the process of coping with adversity and change in a manner that results in the identification, fortification, and enrichment of resilient qualities or protective factors (Richardson, 2002). In addition, researchers found this dynamic process can lead to increased personal growth, self-efficacy, and adaptability (Bandura, 1994; Gafton, Gilespie, & Henderson, 2010; Jackson et al., 2007; Tebes, Irish, Puglisi-Vasquez, & Perkins, 2004). During this process, frequent adversity and adaption leads to learning from experiences, despite the adversity (Gafton, Gillespie, & Henderson, 2010).

Researchers have examined resilience within holocaust survivors, schizophrenia patients, veterans, men with HIV/AIDS, military families, women with chronic illness, and survivors of the September 11 attacks (Cassel & Suedfeld, 2006; McAllister & McKinnon, 2009; Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009; Rowland &

Baker, 2005). The results consistently confirmed resilient adults appear more adaptable to change and deal more effectively with adversity than non-resilient adults (McAllister & McKinnon, 2009).

When surveyed, survivors of hostage situations, terrorism, war, and brutalization in prisons reported experiencing positive adaptive changes such as greater sense of leadership as well as the cohesiveness and solidarity with others (Tebes, Irish, Puglisi-Vasquez, & Perkins, 2004). In 1983, researchers found that resilient survivors of sexual assault perceive their attack as a precursor to positive personal changes within their life (Tebes, Irish, Puglisi-Vasquez, & Perkins, 2004; Veronen & Kilpatrick, 1983). Comprehensively, these studies illustrate that at some point after exposure to trauma, some individuals undergo a cognitive transformative process (Gafton, Gilespie, & Henderson, 2010; Jacelon, 1997; Luther & Cicchetti, 2000; Rutter, 1999; Tebes et al., 1995; Tebes, Irish, Puglisi-Vasquez, & Perkins, 2004).

This wave of inquiry provided understanding into resilience as a dynamic process that can be used to access intrinsic and extrinsic resources in an effort to cope with, and recover from, adversity; therefore, resilience can be learned or taught (Gafton, Gilespie, & Henderson, 2010; Gillespie, Chaboyer, & Wallis, 2007; Gillespie, Chaboyer, Wallis, & Grimbeek, 2007; Hamilton et al., 2006). One limitation of the second phase of resilience inquiry is a lack of understanding of the motivational factors for resilience (Gafton, Gilespie, & Henderson, 2010).

Third Wave of Resilience Theory

The first and second waves of resilience theory helped to convey the significance of resilience characteristics and how resilience is acquired (Richardson, 2002). The third wave of resilience inquiry focused on understanding the origin of the innate motivational life force within a resilient individual (Richardson, 2002; Waite & Richardson, 2004). During this time, the concept of resilience evolved to include inner strengths and outer support that emerge from the process of human adaption of resources within an individual, family, or community (Gafton, Gilespie, & Henderson, 2010). The third wave of resilience led to a modern multidisciplinary identification of the motivational forces and experiences that facilitate the utilization of resilient qualities (Richardson, 2002). This yielded a meta-theory of resiliency, which identifies an innate inner resource within an individual, exemplified by protective characteristics (Richardson, 2002; Waite & Richardson, 2004; Werner & Smith, 1982). This process enables an individual to cope with adversity, as well as motivating the individual to engage in cognitive transformative processes and learn from experience thereby building a greater resilience (Richardson, 2002). As a result, resilience was seen as a force that motivates an individual from survival to self-actualization (Richardson, 2002).

In addition, this wave of resilience inquiry helped clients and students apply the force that pushes a person towards self- actualization and resilience away from adversity (Richardson, 2002). Researchers have gathered empirical evidence that suggests individuals can learn resilience by challenging negative self-talk in addition to cognitive behavioral techniques that dispute pessimistic thinking and allow the individual to

become more adaptive (McAllister & McKinnon, 2009; Seligman, 1998). In 2004, researchers examined resilient Vietnam prisoners of war and found 10 correlations between personality traits and the prisoners' resilience (McAllister & McKinnon, 2009). These traits can be developed with Cognitive Behavior Therapy (CBT;Charney, 2004; McAllister & McKinnon, 2009). Pietrazak, Johnson, Goldstein, Malley, and Southwick (2009) assessed how psychological resilience and social support protects war veterans against traumatic stress and depressive symptoms. Results indicated interventions to increase psychological resilience and social support were effective ways to reduce the severity of traumatic stress and depressive symptoms (Pietrazak et al., 2009).

As a result of this wave of inquiry, resilience is defined as a positive adaption and transformation in which stressful and adverse experience are reframed and no longer viewed as maladaptive, which enables positive meaning to be attributed to the experience (Tebes et al., 2004). Resilience focuses on understanding healthy development despite risk and focuses on strengths rather than weakness (Windel, 2011, p. 152). The current study seeks to build upon these previous studies by examining how educational institutions prepare counselors to obtain positive adaption and transformation while exposed to the stressful and adverse experience within the therapeutic workplace.

Educational Aspects of Resilience

When examining resilience, it is important to examine a range of possible psychological outcomes (Windel, 2011). Resilient individuals possess personal characteristics such as an internal locus of control, pro-social behavior, empathy, positive self-image, optimism, and the ability to organize daily responsibilities (McAllister &

McKinnon, 2009). Cognitive and self-regulation skills, positive views of self, and

motivation to be effective in their environment are individual characteristics that have

been linked to demonstrations of resilience (Donnellan, Conger, & McAdams, Neppi,

2009; Mastin, 2001, p. 234). The characteristics and dimension of self-enable resilient

individuals to develop coping skills to overcome challenges and adversity (McAllister &

McKinnon, 2009).

Intelligence and scholastic competence are also positively associated with the

ability to overcome great odds within the community and within educational institutions

(Donnellan, Conger, McAdams, & Neppi, 2009; Werner, 1995). Within the classroom

resilient thinking can be put into practice to improve a student's critical thinking skills

(McAllister & McKinnon, 2009). Resilience can be learned and improved at any time

during an individual's development (McAllister & McKinnon, 2009).

Researchers have found the classroom and educational institution as a whole can

contribute to the development of resilience (Sterling, 2010). Resilience is nurtured within

an educational institution by providing protective factors such as a student -centered

positive learning environment, high expectations, faculty support, and supportive peer

relationships (Gu & Day, 2007; McAllister & McKinnon, 2009; Rapp, 1989). Education

that fails to provide such an environment may promote students who are inadequately

prepared for the workplace, leaving them vulnerable to future stress (Gardner & Boix-

Mansilla, 1999; McAllister & McKinnon, 2009). Characteristics of resilient students

include positive temperaments, well-developed cognitive skills, internal locus of control,

realistic vocational plans, and propensity to take advantage of opportunities during

periods of transition, religious affiliation, and inner faith (Rickwood, Roberts, Batten, Marshall, & Massie 2004, p. 99; Werner, 1993). An effective real-life learner stays intelligently engaged even in unpredictable situations (Sterling, 2010; Wells & Claxton, 2002). Resilient individuals are inclined to take on more challenges in which the outcome is unpredictable, and when confronted with temporary confusion or frustration continue to learn in an effort to overcome challenges (Sterling, 2010; Wells & Claxton, 2002). Comprehensively, this research provides an abundance of evidence regarding the benefits of educational environments, which nurture the development of resilience (Gu & Day, 2007; McAllister & McKinnon, 2009; Rickwood et al., 2004; Sterling, 2010). This research also exposed a gap within the literature with regard to whether graduates of counselor education programs with a primary research focus impacts levels of resilience in counselors (McAllister & McKinnon, 2009; Sterling, 2010).

Research Embedded Instruction

For the past 50 years, research universities have been critical to the economic and social success of the United States (Futures Consortium, 2012). The future of the American research university is uncertain, as a result of unprecedented pressures, including: (1) declining federal funding, (2) record reductions in state funding, (3) erosion of endowments, (4) soaring tuition costs reaching unaffordable limits, (5) intensifying, internal as well as global competition, (6) increasing compliance and reporting requirements, (7) the loss of political and public confidence in the value of university-based research (Futures Consortium, 2012). Educational institutions are expected to aid in the discovery, dissemination, and application of new knowledge

(Futures Consortium, 2012). In 1995, a distinguished group of scholars who called themselves the Boyer Commission, under the sponsorship of the Carnegie Foundation for the Advancement of Teaching made recommendations to research universities (Prince, Felder, & Brent, 2007). These recommendations encouraged educational institutions to make research teaching central to their instructional mission (Prince, Felder, & Brent, 2007). The Boyer commission also recommended that research institutions utilize an inquiry-based approach to teaching within all coursework (Prince, Felder, & Brent, 2007).

In 2000, researchers conducted a longitudinal study on higher education programs in the United States (Rice, Sorcinelli, & Austin, 2000). The focus was to identify correlations between the perceptions of research embedded coursework among doctoral candidates (Rice, Sorcinelli, & Austin, 2000). Researchers found dissatisfaction with a high emphasis of research embedded within the curriculum can result in a negative impact on cognitive and affective development of the students (Prince, Felder, & Brent, 2007). Rice, Sorcinelli, and Austin (2001) attributed these results to faculty with a strong research focus that place a low priority on teaching (Prince, Felder, & Brent, 2007). This study went on to suggest research and teaching have different goals and require different skill sets and personal characteristics to be effective (Prince, Felder, & Brent, 2007). For example, the goal of research is to advance current knowledge, while the goal of teaching is to develop and strengthen the abilities of students (Prince, Felder, Brent, 2007). However, a correlation between level of faculty research productivity and faculty level of teaching effectiveness has yet to be identified (Prince, Felder, & Brent, 2007).

Students' perception of the effectiveness of the research embedded curriculum has yielded opposing beliefs (Healey & Jenkins, 2010; Prince, Felder, & Brent, 2007). In 2008, researchers found, some students view research embedded institution as stimulating and intellectually exciting (Healey & Jenkins, 2010). Other students within the study found research embedded courses to be unhelpful and ineffective at strengthening their research skills (Healey & Jenkins, 2010; Turner et al., 2008). Research embedded curriculum provide ways to improve scholarship within the classroom (Healey & Jenkins, 2010). For example, teachers providing updated research content for students can enhance intellectual curiosity and critical thinking which is the characteristics of a good researcher (Prince, Felder, & Brent, 2007). Many research-focused universities have expectations for research productivity to be implemented within the instruction to enhance faculty teaching (Prince, Felder, & Brent, 2007). In addition, many research universities raise awareness of research and make opportunities for students to engage in research projects (Healey & Jenkins, 2010).

Researchers have found that how the research is emphasized within instruction is an important factor when attempting to improve student performance (Hamilton et al., 2009). Research can be emphasized within the curriculum in different ways, such as lectures, academic staff-led seminars, and homework (Healey & Jenkins, 2010). Research-embedded instructions can also utilize data analysis to obtain formative and summative evaluations of the student academic needs (Lewis, Madison-Harris, Muoneke & Times, 2002). Hattie and Marsh (2007) provide insight into how educational institutions can incorporate research into the classroom using inductive methods (Hattie

& Marsh, 2007). These methods include embedding faculty's own research or current data into an inductive teaching environment (Hattie & Marsh, 2007). Examples include emphasizing research within the classroom to improve student performance within graduate level work as well as incorporating current data to improve research skills within the classroom (Hattie & Marsh, 2007). Benefits to using inductive methods include improving student enthusiasm and development of students' research skills (Prince, Felder, & Brent, 2007). Students who are taught research skills early seek research experience later in the curriculum and throughout their career development (Prince, Felder, Brent, 2007). In addition, researchers found when research is embedded in the curriculum, student critical thinking skills and problem solving skills are enhanced which can be beneficial regardless their career path (Prince, Felder, & Brent, 2007).

Research universities are expected to implement research within the curriculum to ensure early adoption of new science within the fields of study (Brint, Proctor, Hanneman, Mulligan, Rotondi, & Murphy, 2011). Many top research universities strive to implement research from the first day the student enters the educational institution (Healey & Jenkins, 2010). For nearly a decade prior to this study, researchers have conducted several inquiries to examine the impact of research emphasis on doctoral candidates considering academic careers, graduates on the job market, and faculty member status (Boice, 1992; Menges, 1999; Rice, Sorcinelli, & Austin, 2000; Trower, 2001). Comprehensively, these studies suggest that institutional policies and incentive systems continue to place a heavy emphasis on research (Sorcinelli, 2000).

Educational Institutional Ranking

According to the National Center for Education Statistics (2006) there are over

629 public and 1,845 private educational institutions within the United States. Since

1983, the U.S. News and World Report (USNWR) have provided a yearly ranking to

reflect the institutional quality of U.S. colleges and universities (Marklein &

Kloppenburg, 2013). The foundational understanding of the USNWR is established on

quantitative measures of academic quality and researched views of what matters in

education (Morse & Flanigan, 2013). The USNWR has relied on their Carnegie

classification since 1983 to identify educational institutions appropriateness for the

comparison (Morse, 2013). During the early 1970s the Carnegie Classification was

developed, to conduct research on colleges and universities (McCormick & Zhao 2005;

McCormick, Pike, & Kuh, 2009). Currently, the Carnegie Classification is a widely used

instrument to represent institutional differences (McCormick, Pike, & Kuh, 2009). As it

relates to this study, the Carnegie Classification provides the basic classification that

differentiates educational institutions in the following categories: very high research

activity, high research activity, and doctoral/research universities (Levin, 2012).

In 2014, the most recent list of USNWR ranking of best colleges was released, the

ranking included four main groupings that are; national universities, national liberal arts

colleges, regional universities, and regional colleges. This ranking was adapted from the

2010 Carnegie Classification of educational institutions. For the purpose of this study, the

2014 best colleges grouping of national universities will be used. The national

universities ranking was adapted from the 2010 Carnegie classification of research

universities (very high research activity), research universities (high research activity) and doctoral/research universities (Morse, 2013).

The *USNWR*'s institutional ranking includes unranked, tier 2, and tier 1 universities and colleges (*USNWR*, 2013). These institutional rankings are indicative of the research emphasis embedded within the curriculum at such universities and colleges (Levin, 2012). Research has shown students who attend educational institutions with higher research rankings benefits from increased resources, enhanced research facilities, and frequent incorporation of the latest research in classroom instruction (Jacobs & Hyman, 2010).

Educational institutions with Tier 1 rankings are characterized by their very strong emphasis on research activity, competition, prestige, and research embedded in the teaching philosophies (Levin, 2012). Tier one educational institutions typically have strict admission guidelines and grant admission to only a few students each year (Bowan & Bastedo, 2009). Such admissions are predicated on a student's undergraduate research and statistical background (Levin, 2012). In addition, Tier 1 educational institutions increasingly maintain a faculty with the ability to secure research grants, frequently submit publications, and exhibit an extensive history of scholarship within the field (Keith, 2001).

Educational institutions with Tier 2 rankings are characterized by their moderate-to-low emphasis on research activities within the educational institution (Levin, 2012). Tier 2 educational institutions represent the bottom 25% of universities and colleges based on research activity and characteristics such as peer assessment, retention and

graduation of students, faculty resources, student selectivity, financial resources, alumni giving, and graduation rate performance (Levin, 2012; U.S. News Staff, 2013). In addition, Tier 2 educational institutions have more liberal admission criteria and a higher acceptance rate when compared to Tier 1 educational institutions (Bowan & Bastedo, 2009). Faculty within Tier 2 educational institutions typically experience large teaching loads, moderate emphasis on research publications, considerable work with students, and committee work (Levin, 2012)

Unranked educational institutions are universities and colleges that failed to provide *U.S. News* with sufficient information about their educational institution to be numerically ranked (U.S. News Staff, 2013). Nontraditional and international universities and colleges are classified as unranked (U.S. News Staff, 2013). In addition, educational institutions that did not provide sufficient participation from student and faculty during the ranking were placed in the unranked classification (U.S. News Staff, 2013). Educational institutions with unranked research rankings are characterized by their low emphasis on research within the learning environment and curriculum when compared to higher ranked educational institutions (Levin, 2012). Professors within unranked universities typically use eclectic philosophical methods to guide their instruction (Riddle, Utzman, Jewell, Pearson, & Kong, 2009). Although there are benefits and challenges for each categorical ranking, it is clear that students are aware of university and college rankings (Bowman & Bastedo, 2009). In 2009, more than 50% of students surveyed indicated that institutional ranking of universities and colleges was a factor in their selection of their educational institution (Bowman & Bastedo, 2009).

Currently, 281 educational institutions have been selected for this ranking (USNWR, 2013). Tier 1 is comprised of 207 educational institutions and includes universities such as Princeton, Harvard, Yale, and Columbia (USNWR, 2013). There are 63 Tier 2, educational institutions that can be found throughout the United States (USNWR, 2013). The USNWR also identified 11 unranked universities, many of which utilize online and hybrid based learning environments (USNWR, 2013).

The USNWR assesses the organizational performance of the world's most powerful educational institutions (Bastedo & Bowman 2009). Regardless of a university ranking, research and innovation are needed for expanding the knowledge within the field for producing higher education and skilled individuals (Futures Consortium, 2012). Research is vital to the reputation, and overall academic and financial success of an educational institution (Futures Consortium, 2012). Research is needed to remain internationally competitive and increase individual career opportunities (Hazelkorn, 2009). Researchers have found that individuals used USNWR for various reasons (Bastedo & Bowman 2009). Politicians regularly refer to the ranking to measure economic strength and ambition (Bastedo & Bowman, 2009). Many prospective students and alumni use research ranking to make an informed choice for admission while educational institutions use ranking to brand themselves (Hazelkorn, 2009). Globally, rankings are used for marketing higher education within the international battle for world-class excellence (Hazelkorn, 2009). This ranking is intended to establish a traditional understanding of knowledge production and research (Hazelkorn, 2009).

The USNWR ranking is somewhat of a self-fulfilling prophecy that drives educational institutions to adhere toward ranking norms (Espeland & Sauder, 2007). Researchers have found that when a school receives a higher ranking they receive more applications from students which allows them be more selective with student admittance and provides the university with additional resources to support research inquires (Ehrenberg, 2004). The inverse occurs when a university drops in their ranking (Bastedo & Bowman, 2009). Oberlin College reports that student applications decreased when their rankings dropped (Bastedo & Bowman, 2009). In addition, lowering of USNWR ranking can damage the reputation of college administrators within the educational institution (Bastedo & Bowman, 2009). With regard to the ranking research, research productivity is measured by the number of publications in peer-reviewed journals, research excellence, and the number of citations (Bastedo & Bowman, 2009). In addition, the ranking most significantly influences the curriculum within these research universities (Bastedo & Bowman, 2009). One of the challenges of the USNWR ranking for instructors is balancing teaching and research (Hazelkorn, 2009).

Brewer (2010) explores the diverse experiences of non-traditional and traditional students. Researchers identified a problem with regard to the learning needs of non-traditional students (Brewer, 2010). A case study was used to explore how motivation and resilience contribute to academic achievement and helps overcome barriers to success (Brewer, 2010). Researchers also highlighted that previous studies within the field have failed to take into account student resilience (Brewer, 2010). The results of the case study provided insight into the sustainability of academic achievement through

resilience and motivation (Brewer, 2010). Jacobs and Hyman (2010) examined the causal

relationship between institutional ranking and institutional choice among incoming

freshman. Data collection lasted from the fall of 1998 until the fall of 2005 (Jacobs &

Hyman, 2010). Educational institutions that participated included national universities,

liberal art colleges and Tier 1 universities and colleges (Jacobs & Hyman, 2010). Results

indicated that obtaining Tier 1 ranking increased student application rates within Tier1

institutions (Jacobs & Hyman, 2010). This study seeks to explore the identified gap in the

literature by examining levels of resilience in counselors in relation to the level of

research emphasis in their identified counselor education program.

Counselor Resilience

Counseling is a one-way therapeutic relationship in which the focus is on the

welfare of the client (Skovholt, 2012). Within this one-way relationship, counselors

typically work with clients that have varying degrees of stress and adversity (Salder-

Gerhardt & Stevenson, 2011 Skovholt, 2012). Many counselors endure stress similar to

their clients during the therapeutic relationship (Salder-Gerhardt & Stevenson, 2011;

Skovholt, 2005; Skovholt et al., 2001). An example, typically occurs during termination,

in which the client and counselor may both experience grief and loss because of

termination of the therapeutic relationship (Salder –Gerhardt & Stevenson, 2011;

Skovholt, 2005; Skovholt et al., 2001). Therapeutic work can lead to depletion of the

clinical skills and burnout leaving counselors challenged to provide efficient and

effective therapeutic services (Salder Gerhardt & Stevenson, 2011; Skovholt, 2012).

Resilient individuals are able to manipulate and shape their environment in positive ways, tolerate frustration, handle anxiety, and ask for help when required, as compared to vulnerable individuals (Ahmed et al., 2011). Rather than avoiding risk and adversity, resilient counselors display positive adaptations when facing difficulty (Ahmed et al., 2011). Resilient counselors also exhibit higher levels of autonomy, independence, empathy, and task orientation (Ahmed et al., 2011). Resilience characteristics include self-confidence in speech as well as altruism, autonomy and responsibility in their actions and tasks (Skovholt, 2012). Before a person can develop resilience, they must have external support and resources to develop the feelings of safety and security that underlie resilient thinking (Ahmed et al., 2011).

Counselor resilience does not happen by accident (Osborn, 2004). Counselor resilience emerges as counselors make daily decisions that lead to wellness and health (Osborn, 2004). Resilience occurs over time, as a result of a counselor turning adversity into growth opportunities that become part of the professional's identity and core values (Hodges, Keeley, & Grier, 2005; Lambert & Lawson, 2013). Researchers have found counselors with higher levels of resilience tend to be older and more experienced clinicians (Osborn, 2004). However, all resilient counselors have the ability to create a positive work environment, overcome work stress, and maintain self-care (Clark, 2009; Mullenbach, 2000; Skovholt, 2001). To understand resilience its important to understand what underlies these attributes and the subsequent outcomes (Windel, 2011). Resilience is vital to improving emotional regulation, decreasing fear-related appraisals, promoting

cognitions that the world is safe and non-threatening, as well as enhancing self-efficacy and control (Pietrzak et al., 2009).

Resilient counselors have a sense of coherence about their professional values, and career sustainability and closely monitor all ethical boundaries (Clarke, 2009; Gustinella, 1995). Resilient counselors proactively resolve personal issues and have enriching peer relationships (Clarke, 2009). Resilient counselors are committed to achieving a balance between occupational stressors and life challenges (Clarke, 2009; Lambert & Lawson, 2013). Given that skill development is one of the fundamental elements of the counseling profession, it is important to understand that development from the beginning of training (Patterson & Heller Levitt, 2011). Gaining insight into one's profession is a vital component of healthy counselor development (Donati & Watts, 2005; Lambie, Hagedorn, & Ieva, 2010; Patterson & Heller Levitt, 2011; Skovholt & Ronnestad, 1992; Woodside, Oberman, Cole, & Carruth, 2007). Within the workforce, it is essential that counseling students receive academic, career, and technical skills before graduation to ensure effectiveness within the workforce (Gysbers, 2013). Also, it is important that counseling students obtain proper preparation within the skill, knowledge and disposition to be competitive within the ever-evolving workforce (Gysbers, 2013).

An individual's career focuses on the total person and encompasses an individual's life roles (Gysbers, 2013). When the word *career* is put together with *ready,* it conveys that an individual possesses resilience and an adaptive style of interaction towards a self-defining career (Gysbers & Lapan, 2009; Gysbers, 2013). Career ready implies individuals are learners and workers (Gysbers, 2013). Career readiness includes

"(a) social competence, (b) diversity skills, (c) positive work habits, (d) personal qualities, (e) personality and emotional states, and (f) entrepreneurship" (Gysbers and Lapan, 2009; Gysbers, 2013, p. 42).

Counselors use their training to assist clients in making their world safer, which can be an exhausting process (Skovholt, 2012). Resilient counselors have increased critical thinking and constructive thinking skills, which are necessary skills when providing effective clinical services to clients (Skovholt, 2012). To be effective counselors must meet their clients' needs, which can include high levels of distress, lack of knowledge, low motivation, and lack of trust of others (Skovholt, 2012). This exhausting process is exacerbated by high caseloads and other client demands (Skovholt, 2012). Counselor resilience is necessary to work with clients and ensure overall wellness (Skovholt, 2012). This overall wellness produces the energy needed for clinical work (Skovholt, 2012). Resilient counselors have been largely overlooked in the research on higher education of mental health professionals (Skovholt, 2012). Counseling graduates that are not prepared for the emotional and cognitive labor involved with providing therapy may begin to perceive their work as a burden (Masten, 2001; Skovholt, 2012). These negative feelings can result in stress, burnout, and impairment (Masten, 2001; Skovholt, 2012). Impairment and ignoring the negative implications of therapeutic work can affect the retention of qualified staff and negatively impact recruitment of highly qualified counselors (Fagin, 2001; Hegney et al., 2006). Many community mental health therapeutic services are currently experiencing limited funding, which has led to increased caseloads for counselors further substantiating the need to understand the

implications of training format on levels of resilience (Salder–Gerhardt & Stevenson, 2011).

Researchers have found that changes in the work environment can have an impact on a counselor's wellbeing within their work and home environments (Hoopes, 2012). In addition, frequent changes in a work environment can impair an individual's ability to be effective in their position (Hoopes, 2012). Moderate levels of changes within the workplace, make it the ideal place to identify and nurture resilience (Hoopes, 2012). Moderate levels of change include policy changes and office modernizations such as new technology (Hoopes, 2012). Researchers have found that counselors with a higher level of resilience are more likely to reduce organizational and interpersonal conflicts and other non-work related issues (Hoopes, 2012).

The study seeks to explain the understanding of how varied levels of emphasis on research embedded in the learning environment of educational institutions may influence the development of resilience needed to cope effectively with the stress and adversity vicariously experienced during therapeutic work (Prince, Felder, & Brent, 2007; Roberts, Batten, Marshall, & Massie, 2004). Clarke (2009) attempted to construct a theory of social worker resilience using a grounded theory. Clarke (2009) informed readers of the gap within the literature regarding resilient counselors. To address this gap within the literature a purposive sample of eight marriage and family counselors were interviewed in the study (Clarke, 2009). The results shed light on the importance of early experiences, support, self-care, and continuous training (Clarke, 2009). The study also suggested that further inquiry into resilience among helping professionals is needed to understand the

facets of resilience (Clarke, 2009). Strengths of this study include implications for beginning counselors and ways to reduce counselor burnout (Clarke, 2009). However, the homogenous sample hindered the assumptions that could be made regarding resilience and minority clinicians (Clarke, 2009). Ahangar (2010) examined the relationship between resilience and personality types, cognitive styles, and decision-making styles among students from a management facility in Tehran, Iran (Ahangar, 2010). The results of this study indicated a positive relationship between personality, cognitive styles, decision-making, and overall resilience among management faculty (Ahangar, 2010).

Resilience Scale

The instrument used to measure levels of counselor resilience among practicing counselors within varied levels of a research embedded institutional focus is a modified version of CD-RISC. The original CD-RISC was developed by Kathryn Connor and Jonathan Davidson in 2003. The original CD-RISC is comprised of 25 items to measure components of resilience (Conner & Davidson, 2003). To validate this instrument Kathryn Connor and Jonathan Davidson obtained 266 participants, including; general population non-help seekers, primary care outpatients, psychiatric outpatients in private practice, individuals diagnosed with generalized anxiety disorder, and individuals diagnosed with Post Traumatic Stress Disorder (PTSD) (Conner & Davidson, 2003). Results also indicated the CD-RISC demonstrates sound psychometric properties. Results demonstrated resilience is modifiable and can be improved (Ahern, Kiehl, Sole, & Byers, 2006).

In 2009, researchers reviewed the CD-RISC and 18 other resilience measures (Windel, Bennett, & Noyes, 2011). The quality of each assessment was based on validity, reliability, responsiveness, floor and ceiling effects, and interpretability (Windel, Bennett, & Noyes, 2011). Results found the CD-RISC was among the best psychometric rating of resilience (Windel, Bennett, & Noyes, 2011).

The modified version of CD-RISC has 27 items intended to measure three additional characteristics of resilience (Dong et al., 2013). These items focused on job satisfaction and perceived support from family and friends (Dong et al., 2013). A total of 266 respondents was obtained from a university-based psychiatric outpatient clinic and hospital psychiatric outpatient clinic. An exploratory factor analysis was conducted. Researchers believed the changes resulted in more precise and accurate response (Dong et al., 2013). The modified version has a higher internal consistency than the original CD-RISC (Dong et al., 2013). In addition, this instrument provides three additional factors that contributed to resilience that have been excluded from previous analysis on resilience (Dong et al., 2013).

Summary

Resilience is a multidisciplinary theoretical approach to gain an understanding of how humans, objects, and organizations overcome strain, stress and adversity (Burnard & Bhamra, 2011; Fletcher & Sarkar, 2013; Vogus, 2003; Wisner, 2011). With regard to human beings, physiological resilience can be characterized into three waves of understanding (Richardson, 2002). The first wave of resilience theory was seen as phenomenological qualities or protective factors that predicted social and personal

success (Richardson, 2002). The second wave defines resilience as a disruptive and re-integrative process of coping with stress and adversity that result in an enrichment of protective factors (Richardson, 2002). The third wave of resilience theory identified an individual's drive towards self-actualization as a motivational force for resilience (Richardson, 2002). Counselor resilience is the ability to cope with stress and adversity vicariously experienced during therapeutic work and subsequently improving level of functioning (Skovholt, 2012; Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008). Counselor training programs with a research emphasis may leave counselors inadequately prepared for workplace survival, which leaves them vulnerable to future stress (McAllister & McKinnon, 2009).

A key element in the education experience is the implementation of research within the learning environment (Rotondi & Murphy, 2011). Students have opposing beliefs regarding the effectiveness of research embedded within the coursework (Healey & Jenkins, 2010). However, researchers have found that research embedded curriculum provides ways to improve scholarship, such as utilizing updated content for students, which can enhance intellectual curiosity and critical thinking (Prince, Felder, & Brent, 2007). Current research has demonstrated that critical thinking and problem-solving skills are necessary for promoting the development of resilience within students (McAllister & McKinnon, 2009). Currently, educational institutions are providing varied levels of research embedded instruction within the learning environment. The relationship between levels of research embedded instruction and levels of resilience among practicing counselors remains unknown. This study seeks to fill this lack of research by examining

differences among counseling professionals' level of resilience in relation to the varied

levels of ranked institutional research emphasis within their counseling programs.

      The methodology for this study will be discussed in Chapter 3. Research design,

population, procedures, and methods of statistical analyses will be provided. Chapter 3

will also include internal and external threats to validity, in addition to ethical concerns

and procedures to ensure protection of the participants.

Chapter 3: Research Method

Introduction

The purpose of this quantitative comparative study was to examine the differences among counseling professionals' levels of therapeutic resilience based on the ranking of institutional research emphasis within their respective counseling programs. In addition, results from this study intended to gain an understanding into why some counselors exhibit higher levels of resilience while others exhibit less. Elevated resilience is necessary to reduce a counselor's susceptibility to impairments such as burnout and vicarious trauma (Sadler-Gerhardt & Stevenson, 2011). Upon graduation from counseling programs, practicing counselors with higher levels of resilience and are better equipped to overcome stress-related implications of counseling when compared to counselors with lower levels of resilience (Giller, 2011; Mehzabin, Kameshwari, Mathew, Ashok, & Shaikh, 2009). Varied levels of emphasis on research embedded in the learning environment of educational institutions may influence the development of resilience needed to cope effectively with the stress and adversity vicariously experienced during therapeutic work (Batten, Marshall, Massie, & Roberts, 2004; Prince, Felder, & Brent, 2007).

In this chapter, I address the structural methodology used for the current study. I open the chapter with a discussion of the research design, which includes an outline of the variables, and makes a connection to the research questions used and their potential constraints. In addition, this chapter also includes the rationale for the research design

and the variables contained in the study. The sample population for this study consisted of masters-level counselors currently providing therapy. In this chapter the population represented in this study will be further defined. I also outline the sample size, sampling strategy, and the procedures for sampling, including the instruments utilized in this study, in this chapter. The chapter concludes with a discussion of the potential threat of validity and the ethical procedures that will be implemented to protect participants.

Research Design and Rationale

Two main variables embody the comparative research design selected for this study. The dependent variable that's used within this study is levels of counselor resilience (Dong, Nelson, Shah-Haque, Khan, & Ablah, 2013). This dependent variable measured as an interval variable with higher scores indicating higher resilience and lower scores reflecting the inverse (Dong et al., 2013). The independent variable used to measure varied levels of research emphasis will be an interval based on the 2014 U.S. News and World Report (USNWR) nationally ranked best colleges: 1 = unranked research universities/colleges; 2 = Tier 2 research universities/colleges; 3 = Tier 1 research university/colleges (USNWR, 2014). This study sought to examine the differential impact of the level of resilience of counseling professionals based on the varied levels of ranked institutional research emphasis within their respective counseling programs. To answer this research question, a comparative analysis was best suited due to the ability to identify and compare significant differences (Olson, 2005) among counseling professionals' level of resilience based on the varied levels of ranked institutional research emphasis within their counseling programs.

ANOVA was an appropriate approach to identify and compare significant differences using a categorical scaled dependent variable and an interval scaled independent variable (Green & Salkind, 2011; Johnston, 2009). ANOVA was also an appropriate approach for this study because it allowed the researcher to examine the effect of several independent variables and their interaction upon behavior (Crutchfield & Tolman, 1940; Pittenger & College, 1976; Zijsta, 2004). ANOVA was first introduced in the 1920s by Sir Ronald Fisher as a technique for inferential statistics (Johnston, 2009; Pittenger & College, 1976). In addition, ANOVA was first used to find significant differences in psychology in 1976 (Johnston, 2009; Lovie, 1979; Pittenger & College, 1976). There are no time and resource constraints as a result of this design choice. This design choice was consistent with research designs needed to advance knowledge by attempting to fill the gap with regard to the data on the relationship between levels of research embedded instruction. Levels of resilience among practicing counselors remains unknown.

Population

The target population for this study consisted of master's-level practicing counselors who graduated from an unranked, Tier 2, and Tier 1 educational institution. The actual size of the target population is unknown. However, participants are alumni from one of 281 ranked universities and currently provide therapeutic services. Of the 281 educational institutions selected for this ranking, 207 are ranked Tier 1, 63 are ranked Tier 2, and 11 are unranked universities according to the 2014 USNWR (USNWR, 2014). The accessible populations consist of counseling professionals who participate in local

and national counseling associations, counseling groups, members of alumni associations, practicing counselors on Facebook, LinkedIn and Psychology Today.

To ensure sufficient data is obtained on levels of counselor resilience among unranked, Tier 2, and Tier 1 educational institutions. Forty-two participants from each ranking was utilized to ensure equivalent data is obtained to examine a counselor's resilience among practicing counselors who have graduated from either an unranked, Tier 2, and Tier 1 educational institution.

From December 2014 through February 2015, the researcher sent 575 invitations to prospective participants in the research study which consisted of counselors who graduated from unranked, Tier 2, or a Tier 1 university (See Appendix A for a copy of this research invitation). After initial emails, a follow up was conducted with local and national counseling organizations to ensure emails were forwarded to members. Reminder prompts were sent to participants to complete the survey at the halfway point (week 5). Data collection was concluded after week 10 in February 2015. The minimum sample size for this study based on G*Power analysis is approximately 42 participants. This number was obtained by using a f test with the large effect size of $f = 0.50$, the error probability of $\alpha = .05$ and the power of .80 (Howell, 2004). The projected sample size for this study was 126 or 42 participants for each research ranking to ensure a sufficient number of participants are obtained for analysis. Upon coding this data, the projected sample size per group was 42 participants within each USNWR Best Colleges ranking (unranked, Tier 2, and Tier 1).

Procedures

Email addresses for prospective participants were obtained using web searches for listserves, alumni organizations, and counseling organizations. In addition, prompts for participation were placed on Facebook, Psychology Today, and LinkedIn. A total of 575 potential participants was identified through web searches and social media prompts. All participants were informed that completion of the survey was based on eligibility. This eligibility was determined by a questionnaire given after consent was obtained. Within the email and online prompts, all participants were given a link to informed consent documents. Participants were not able to begin the participation eligibility step until they provided consent. Upon providing consent, participants were asked questions regarding: their degree obtained, the name of their educational institution, the location of the campus, their counseling program specialization, the total number of years they have been providing counseling services, and the number of hours they provided counseling to clients, families, or a group/s weekly. Data was collected and stored in an online, secured, password-protected data collection and storage website. An incentive of a five-dollar gift card was offered to all clinicians who participated in the study. In addition, debriefing resources, such as information on resilience, and links to counseling services was provided if counselors experienced any distress as a result of completing the questionnaire. Of the 165 that attempted participation, 123 participants completed the questionnaire, which reflects a 21.39% response rate for this study.

Instrumentation

The instrument that was used to measure levels of counselor resilience among practicing counselors within varied levels of research embedded institutional focus is a modified version of the CD-RISC (Conner & Davidson, 2003). The original CD-RISC was developed by Kathryn Connor and Jonathan Davidson in 2003 (Conner & Davidson, 2003). The modified version of CD-RISC was developed by Frank Dong, Clarice Nelson, Sapna Shah-Haque, Ahsan Khan, and Elizabeth Ablah in 2013. The total number of points derived from the scores of each question and an overall score is created by the sum of the 27 questions. Hence, the overall resilience score can range from 27 to 135. The instrument provides one total score of overall resilience ranging from 27–135, with higher scores reflecting greater resilience (Dong et al., 2013, p. 78).

The items within the original CD-RISC represented literary works within the fields of hardiness (Kobasa, 1979), strong self-esteem/confidence, adaptability when coping with change, social problem-solving skills, humor in the face of stress (Rutter, 1985), patience, and the ability to endure stress (Lyons, 1991), the role of faith, and a belief in benevolent intervention (Conner & Davidson, 2003). Developers of the CD-RISC believe all individuals have experienced internal and external stressors at one time or another, however, one's ability to cope with these events influence both successful and unsuccessful adaptations to the initial stressor (Conner & Davidson, 2003).

One modification researchers made to the original CD-RISC includes changing the language within the survey items to the first person (e.g., I am able to adapt to change; Dong et al., 2013). In addition, the CD-RISC-27 contains three new variables

that measure job satisfaction and perceived support from family and friends (Dong et al., 2013). The changes to the CD-RISC-27 were made to incorporate components of resilience that were previously excluded from analysis (Dong et al., 2013). In addition, the changes to the CD-RISC-27 were made to assist participants with directly relating to the instrument questions and to increase the chances of responses being appropriate and precise (Dong et al., 2013). The internal consistency using Cronbach's alpha was.94 (Dong et al., 2013), which is higher than the internal consistency found in the original CD-RISC of.89 (Conner & Davidson, 2003).

Original CD-RISC

The original CD-RISC is comprised of 25 items that measured components of resilience, with survey items placed on a 5-point scale (0-4) (Conner & Davidson, 2003). The CD-RISC provides one total score of overall resilience ranging from 0–100, with higher scores reflecting greater resilience (Conner & Davidson, 2003). To validate this instrument, Kathryn Connor and Jonathan Davidson (2003) included 266 participants, including general population of non-help seekers, primary care outpatients, psychiatric outpatients in private practice, individuals diagnosed with generalized anxiety disorder, and individuals diagnosed with Post Traumatic Stress Disorder (PTSD). The researchers found the scale demonstrated good psychometric properties ($\alpha = 0.89$) and a factor analysis that yielded five factors.

The first factor was identified as personal competence, high standards, tenacity, endorsing one's strong sense of power, and adherence to one's goal when facing setback situations (Kamlesh, Singh, & Xiao-nan Yu, 2010). The second factor was trust in one's

instincts, tolerance of negative effects, and strengthening effects of stress, which focused

on one's calmness, decision-making, and promptness when coping with stress (Connor &

Davidson, 2003). The third factor identified within this analysis was one's adaptability,

the positive acceptance of change, and the ability to secure relationships with others

(Kamlesh, Singh, & Xiao-Nan Yu, 2010). The fourth factor control, is an individual's

control of achieving self-established goals, and the ability to access assistance from social

support (Connor & Davidson, 2003). The fifth factor was spiritual influences, which

measured one's faith in God or in fate (Connor & Davidson, 2003). Results also indicated

the CD-RISC demonstrates sound psychometric properties with good internal consistency

$\alpha = 0.89$ and test–retest reliability of $\alpha = 0.87$ (Conner & Davidson, 2003).

After the CD-RISC was published, researchers and scholars viewed this

instrument as an significant tool when measuring components of resilience, including a

sense of personal competence, tolerance of negative effects, positive acceptance of

change, trust in one's instincts, sense of social support, spiritual faith, and an action-

oriented approach to problem solving (Kamlesh, Singh, & Xiao-Nan Yu, 2010).

Consequently, the CD-RISC has been used to examine resilience within several

populations and cultural differences such as Iranian students (Khoshouei, 2009), South

African adolescents (Jorgensen, 2008), and Chinese adolescents (Yu et al., 2011).

From a comprehensive perspective, the original CD-RISC has been proven a

reliable, valid measure. However, inconsistencies have been found within its factor

structure (Kamlesh, Singh, & Xiao-nan Yu, 2010). Researchers have found the factor

structure varies according to the setting (Kamlesh, Singh, & Xiao-nan Yu, 2010). In

2010, Kamlesh Singh and Xiao-nan Yu sought to evaluate the psychometric properties of the CD-RISC with a sample of Indian students. Researchers administered the CD-RISC to 256 undergraduate and post-graduate students at the Indian Institute of Technology, Dehli (IITD). Utilizing exploratory factor analysis, researchers were unable to confirm the original five factors. However, the exploratory factor analysis did confirm the finding of a more suitable four-factor solution, which included: hardiness, optimism, resourcefulness, and purpose. Reliability was consistent at 0.89. Similar inabilities to load the 5-factor structure were found within the South Africa adolescents (Jorgensen & Seedat, 2008) and the United States community-dwelling older women (Dong et al., 2013). However, analysis conducted on Chinese adolescents (Yu et al., 2011), Korean students (Baek, Lee, Joo, Lee, & Choi, 2010), and Australian nurses (Gillespie et al., 2007) confirmed, the CD-RISC's original 5-factor structure (Dong et al., 2013).

In 2007, researchers attempted to validate further the established 5-factor structure of the CD-RISC by utilizing a systematic approach (Campbells-Sills & Stein, 2007). The researchers used three independent samples that consisted of: (a) an initial exploratory factor analysis (EFA), (b) replication of EFA findings in an independent sample, and (c) confirmatory factor analysis (CFA; Campbells-Sills & Stein, 2007). Results showed the CD-RISC was an unstable factor structure across two equivalent groups of undergraduates from San Diego State University (Campbells-Sills & Stein, 2007). Consequently, researchers recommended a 10-item version of the CD-RISC (Campbells-Sills & Stein, 2007). Similarly, Burns and Anstey (2010) found the original CD-RISC to be unstable.

The 10-item version of the original CD-RISC has been utilized with various cultural and demographic differences such as: Spanish speakers (Notario-Pacheco et al., 2014), adult women (Scali et al., 2012), low-income African American men (Coates, Phares, & Dedrick, 2013), and earthquake victims (Wang, Shi, Zhang, & Zang, 2010). Comprehensively, the 10-item abbreviated version of the CD-RISC has an established, strong psychometric factor structure (Dong et al., 2013).

CD-RISC-27

The current study used a modified version of the CD-RISC. The modifications made to the original CD-RISC include a change of the language within the survey items to first person (e.g., I am able to adapt to change). In addition, three new, previously neglected variables were added to measure aspects of resilience that focus on job satisfaction and perceived support from family and friends: (a) My family is willing to help me make decisions and listen to me, (b) my friends are willing to help me make decisions and listen to me, (c) I find my job rewarding). A total of 266 respondents was used from a university-based psychiatric outpatient clinic and hospital psychiatric outpatient clinic. An exploratory factor analysis was conducted. Results identified a 4-factor structure (Dong et al., 2013). This first factor relates to one's flexibility to cope with change and challenge (Dong et al., 2013). The second factor pertains to social and familial support (Dong et al., 2013). The third factor pertains to spiritual support (Dong et al., 2013). The fourth factor reflects having a goal-oriented life (Dong et al., 2013). The internal consistency using Cronbach's alpha was.94 (Dong et al., 2013), higher than the internal consistency found in the original CD-RISC of.89 (Conner & Davidson, 2003).

The only population examined with this modified version has been psychiatric clients. However, researchers believe these changes also resulted in more precise and accurate responses (Dong et al., 2013). The CD-RISC-27 is best suited to answer this study's research questions. The CD-RISC-27 provides three additional resilience factors that have, to date, been excluded from analyses on resilience. The foundational study using the CD-RISC-27, implemented this instrument as a continuous variable 0-135. However, the current study used the CD-RISC-27 as an interval variable similar to how it has been used to identify higher and lower levels of resilience in studies using the original CD-RISC developed by Kathryn Connor and Jonathan Davidson (2003).

Operationalization

The dependent variable within this study is resilience. Resilience is a measure of an individual's ability to overcome adversity and obtain positive adaptions (Dong et al., 2013). The identified components of resilience include: a sense of personal competence, tolerance of negative effects, positive acceptance of change, trust in one's instincts, sense of social support, spiritual faith, an action-oriented approach to problem solving, job satisfaction, and perceived support from family and friends (Dong et al., 2013; Kamlesh, Singh, & Xiao-Nan Yu, 2010). The dependent variable will be measured using a 27-item self-reporting scale in a Likert-type fashion. Each item is rated from 1 (*not true at all*) to 5 (*true nearly all the time*). The total number of points is derived from the scores of each question and an overall score is created by the sum of the 27 questions. Hence, the overall resilience score can range from 27 to 135; participants with higher overall scores reflecting higher levels of resilience while participants with lower levels of overall

resilience scores reflects lower overall resilience. The independent variable in this study is the educational institutions from which the practicing counselors graduated. Universities and colleges attended will be coded based on 2014 U.S. News College Rankings: 1 = unranked research universities/colleges, 2 = Tier 2 research universities/colleges and 3 = Tier 1 research university/colleges.

USNWR utilizes a quantitative formula to obtain a ranking for each educational institution (Singer, 2007). The first part of the formula is categorizing schools by their mission (Singer, 2007). The second part of the formula is collecting additional data on categorized institutions. The information collected is based on 16 academic indicators of excellence (Singer, 2007). Each factor is assigned a weight that USNWR has given based on how each measure matters (Singer, 2007). The final part of the formula is each categorized institution ranking against peers based on weighted scores (Singer, 2007).

Data Analysis Plan

Statistical Package for the Social Sciences (SPSS) was used to identify the impact of the research rankings (i.e., unranked, Tier 2, and Tier 1) at educational institutions in terms of developing resilience among counselors. Incomplete questionnaires were removed from the analysis. In addition, participants that did not attend an unranked, Tier 2, and Tier 1 University was excluded from the data analysis. To analyze the differential impact of research emphasis on counselor resilience, ANOVA was used for identifying any differences that may exist between research ranking and level of counselor resilience. The ANOVA was used to examine whether group variance of the dependent variable varies significantly from each other (Green & Salkind, 2011; Johnston, 2009). Post hoc

analysis was also be conducted to compare group differences. Upon rejection of the null hypothesis in the ANOVA, a post hoc, multiple-comparison test was used to maintain the a priori Type I error rate (Homack, 2001).

Research Question

RQ: What impact do research rankings (i.e., unranked, Tier 2, and Tier 1) at educational institutions have on developing resilience among counselors?

Hypotheses

The following research hypothesis and alternative hypothesis were formulated to study the primary research questions.

$H_0 1$: $\mu 1 = \mu 2 = \mu 3$ There are no significant differences in resilience among counselors who attended Unranked, Tier 2, and Tier 1 educational institutions.

$H_a 1$: $\mu 1 \neq \mu 2 \neq \mu 3$ There are significant differences in resilience among counselors who attended Unranked, Tier 2, and Tier 1 educational institutions.

Threats to Validity

External validity in this study is the degree to which the results of this study would be replicable for other practicing counselors who graduated from research embedded counseling programs. One threat to the external validity of this study is the interaction effects of selection biases and the experimental variable (Yu & Ohlund, 2012). Counselors may have a biased perception of their resilient characteristics. In addition, participants may have attended more than one educational institution prior to

degree completion. To address these potential threats to external validity, I provided

visual reminders regarding participant anonymity throughout the questionnaire. The

researcher coded data regarding educational institutions to ensure accurate reflections of

educational institutions are obtained.

Timing may also have an impact on the generalizability of the results (Trochim,

2006). The focus of this current study was to examine how research embedded

institutions impact the level of a counselor's resilience among practicing counselors.

Experience/time spent as a practicing counselor may have an impact on the results. To

address this potential threat to validity within the questionnaire, participants were asked

to provide the total number of years they have been working as a licensed professional

counselor. A post hoc analysis was utilized to identify if any significant differences exist

among demographic variables and levels of counselor resilience.

Internal validity in this study measures how varied levels of counselor resilience

was caused by research embedded institutions. The greatest threat to the internal validity

of this study was selection (Campbell & Stanley, 1963). Selection was a threat to the

internal validity of this study because participants are self-selected into compassion

groups (Campbell & Stanley, 1963). Data obtained from this study relied on participants'

honest interpretation of perceived resilient characteristics and educational training

programs. Experimental mortality is another threat to the internal validity of this study.

Experimental mortality pertains to a differential loss of participants within one or more

comparison groups (Campbell & Stanley, 1963). Participants are given the option to drop

out of this study at any time, which may create incomplete questionnaires. The use of an

electronic data collection process may have an impact on the number of participants able or willing to participate in this study. In addition, the identification of participants has been limited to practicing counselors who are active within counseling organizations, alumni associations, and promoting their professional identity. The use of a volunteer sample may yield different results than those who are not active within their professional membership and do not wish to volunteer (Campbell & Stanley, 1963).

Ethical Procedures

The participants of this study was a sample of master's-level practicing counselors who graduated from an unranked, Tier 2, or Tier 1 educational institution. Data collection began when approval from the Institutional Review Board (IRB) was obtained. Participants were contacted via email and invited to participate in the study. In addition, a prompt for participation was placed on Facebook and LinkedIn. Participants who wish to participate were given a link to the study's informed consent via email and other online postings. The consent document informed participants about the purpose of the study, its risks and benefits, incentives, data integrity and confidentiality, and the researchers' contact information. Participants were reminded participation is voluntary, and they could decide at any time to conclude or withdraw their participation. To protect the anonymity of participants, a signed endorsement of consent was not required.

After participants had reviewed the informed consent and agreed to participate in the study, they were redirected to a secure online survey to determine their eligibility. Their responses to the demographic questionnaire determined their eligibility. All eligible

participants who wished to participate in the study were then administered the CD-RISC-27.

At the end of the questionnaire, participants were invited to provide an email address to receive their gift card. At the conclusion of the study, the email addresses obtained were destroyed. After one year, the online data collected from participants will be destroyed.

Summary

The purpose of this quantitative, comparative study was to examine the differences among counseling professionals' level of therapeutic resilience based on the ranking of institutional research emphasis within their respective counseling program. In addition, this study was intended to gain an understanding into why some counselors exhibit higher levels of resilience while other counselors exhibit less resilience. To answer this research question, a comparative analysis is best suited due to the ability to identify and compare significant differences among counseling professionals' level of resilience based on the varied levels of ranked institutional research emphasis within their counseling programs. Also, ANOVA is the best approach to identifying and comparing significant differences using a categorical dependent and interval independent variable. Chapter 4 discusses the data collection procedures and discuss the results of the statistical analyses.

Chapter 4: Results

Introduction

In this quantitative, comparative analysis, I examine whether counselors' resilience is impacted by the level of research emphasis embedded in their educational institutions' counseling programs. I posed the question: What impact do educational institutions' research rankings (i.e., Unranked, Tier 2, and Tier 1) have on developing resilience among counseling professionals? The null hypothesis for my analysis proposed no significant differences in resilience among counselors who attend Unranked, Tier 2, and Tier 1educational institutions. The alternative hypothesis proposed significant differences in resilience among counselors who attended Unranked, Tier 2, and Tier 1 educational institutions. I collected data from counselors who had attended educational institutions in each of the different research rankings. In this chapter, I provide a statistical analysis of that data, using descriptive statistics to illustrate variability within the sample population. I then address the research questions and hypotheses through the results of this statistical analysis.

Data Collection

The purpose of this quantitative, comparative study was to examine the differences among counseling professionals' levels of therapeutic resilience based on the ranking of institutional research emphasis within their respective counseling programs. In addition, this study was intended to gain an understanding into why some counselors exhibit higher levels of resilience while others exhibit less. The null hypothesis for this study states there are no significant differences in resilience among counselors who

attended unranked, tier 2, and tier 1 educational institutions. The alternative hypothesis for this study states there are significant differences in resilience among counselors who attended unranked, tier 2, and tier 1educational institutions. To analyze data obtained during data collection an ANOVA was used to compare differences among counseling professionals' levels of therapeutic resilience based on the ranking of institutional research emphasis within their respective counseling programs.

Sample Demographics

Out of the 575 emails and prompts sent out for 10 weeks, 165 practicing counselors attempted the questionnaire. Of the 165 that attempted participation, 123 participants completed the questionnaire, which reflects a 21.39% response rate for this study. The projected sample size of 126 participants was not obtained during the 10 weeks of data collection. However, there was sufficient data obtained for data analysis. The obtained sample for this study consisted of 123 total participants. Participant data was coded and categorized into research rankings (unranked, tier 2, and tier 1). Upon coding the 123 participants obtained, participant totals based on the 2014 USNWR Best Colleges ranking (unranked, tier 2, and tier 1) are as follows; 38 alumni from unranked universities, 38 alumni from Tier 2 universities, and 47 alumni from a Tier 1 universities. Table 1 shows the variability regarding the educational institutions research ranking of participants.

Table 1

Frequency of Research Ranking

Variable	f	%
Unranked	38	30.9%
Tier 2	38	30.9%
Tier 1	47	38.2%
Total	123	100.0%

Participants attended 60 of the 281 U.S New & World Report (UNWR) Best Colleges for 2014. The unranked school represented 31% of the sample population. Participant data was obtained for practicing counselors who received a Master's degree in counseling from; Walden University (13), Capella University (17), University of Phoenix (5), Wilmington University (1), and California Institute of Integral Studies (2).

Figure 1 illustrates the diversity of educational institutions among the unranked participants. Tier 2 represented 31% of the practicing counselor that participated in this study. Tier 2 practicing counselors attended: Barry University (2), Benedictine University (1), East Tennessee State University (1), Florida Atlantic University (3), Georgia State University (2), Lamar University (1), North Carolina A&T State University (3), Northern Arizona University (2), Nova Southeastern University (3), Oakland University (7) Regent University (1), Texas Woman's University (1), University of Arkansas-Little Rock (1), University of Memphis (1), University of New Orleans (6), University of North Texas (1), University of Texas-Arlington (1), Wayne State University (1). Table 2 illustrates the diversity of educational institutions among the Tier 2 participants.
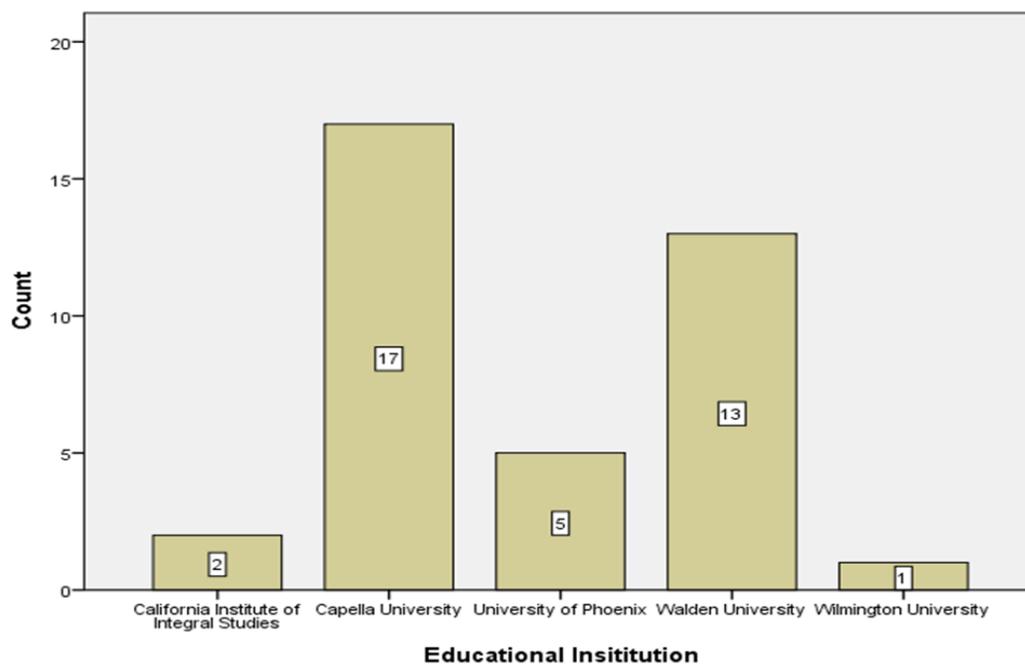
Figure 3-1. Bar graph of Unranked Participants.

Table 2

Frequency of Tier 2 participants

Tier 2	*f*	%
Barry University	2	5.3
Benedictine University	1	2.6
East Tennessee State University	1	2.6
Florida Atlantic University	3	7.9
Georgia State University	2	5.3
Lamar University	1	2.6
North Carolina A&T State University	3	7.9
Northern Arizona University	2	5.3
Nova Southeastern University	3	7.9
Oakland University	7	18.4
Regent University	1	2.6
Texas Woman's University	1	2.6
University of Arkansas-Little Rock	1	2.6
University of Memphis	1	2.6

University of New Orleans	6	15.8
University of North Texas	1	2.6
University of Texas-Arlington	1	2.6
Wayne State University	1	2.6

Tier 2 represents 38% of the practicing counselors that participated in this study. Tier 2 practicing counselors attended: Boston College (1), Central Michigan University (2), Colorado State University (1), Central Michigan University (2), Drexel University (1), Edgewood College (1), George Washington University (1), Immaculata University (1), Indiana University-Bloomington (1), Johns Hopkins University (1), Kent State University (1), Michigan State University (1), North Carolina State University-Raleigh (3), Northwestern University (1), Pennsylvania State University-University Park (1), University of Alabama-Birmingham (3), University of Arizona (2), University of California-Santa Barbara (1), University of Central Florida (1),University of Colorado-Boulder (1), University of Colorado-Denver (1), University of Denver (1), University of Florida (1), University of Kentucky (1), University of Maine (1), University of Michigan-Ann Arbor (1), University of Missouri-St. Louis (3), University of North Carolina-Charlotte (1), University of North Carolina-Greensboro (1), University of San Francisco (1),University of South Carolina (1), University of Texas-Dallas (1), University of Virginia (1), University of Washington (1), University of Wisconsin-Madison (1), Vanderbilt University (1),Virginia Tech (1), Western Michigan University (5). Table 3 illustrates the diversity found within Tier 1 participants.

Table 3

Frequency of Tier 1 participants

Tier 1	*f*	%
Boston College	1	2.1
Central Michigan University	2	4.3
Colorado State University	1	2.1
Drexel University	1	2.1
Edgewood College	1	2.1
George Washington University	1	2.1
Immaculata University	1	2.1
Indiana University-Bloomington	1	2.1
Johns Hopkins University	1	2.1
Kent State University	1	2.1
Michigan State University	1	2.1
North Carolina State University-Raleigh	1	2.1
Northwestern University	1	2.1
Pennsylvania State University-University Park	1	2.1
University of Alabama-Birmingham	3	6.4
University of Arizona	2	4.3
University of California-Santa Barbara	1	2.1
University of Central Florida	1	2.1
University of Colorado-Boulder	1	2.1
University of Colorado-Denver	1	2.1
University of Denver	1	2.1
University of Florida	1	2.1
University of Kentucky	1	2.1
University of Maine	1	2.1
University of Michigan-Ann Arbor	1	2.1
University of Missouri-St. Louis	3	6.4
University of North Carolina-Charlotte	1	2.1
University of North Carolina-Greensboro	1	2.1
University of San Francisco	1	2.1
University of South Carolina	1	2.1
University of Texas-Dallas	1	2.1
University of Virginia	1	2.1
University of Washington	1	2.1

University of Wisconsin-Madison	1	2.1
Vanderbilt University	1	2.1
Virginia Tech	1	2.1
Western Michigan University	5	10.6

All participants obtained a master's degree in counseling and currently have a professional license to provide counseling within their respective state. There was a great deal of variation among master's degrees and credentials, however, due to portability issues within the counseling field. For example, participants received degrees in such varied fields as Masters of Arts, Masters of Education, and Masters of Science. Moreover, there were a wide range of specializations, including School Counseling, Elementary/Secondary School Counseling, Mental Health Counseling, Clinical Mental Health Counseling, Community Counseling, Community and Agency Counseling, Marriage and Family Counseling, Professional Counseling, Art Therapy, and Counseling Psychology. There was also variation in the number of years of experience among the participants. This variation is represented in Table 4.

Table 4

Frequency of Number of Years' Experience

Variable	f	%
0-1 years	25	20.3
2-3 years	30	24.4
3-4 years	14	11.4
5-6 years	8	6.5
7-8 years	14	11.4

9-10 years	6	4.9
10+ years	25	20.3
Total	123	100.0

Participants also provided demographic data regarding the number of hours worked weekly as well as information on their work setting. Regarding hours worked, 60 % of participants worked 11-30 hours a week, 32.5% worked 11-20 hours, and 29.2% worked 21-30 hours a week. Three percent of participants that completed the survey worked over 40 hours while 17.5% of participants worked 0-10 hours a week. The figure below demonstrates the variation in number of hours worked among participants.
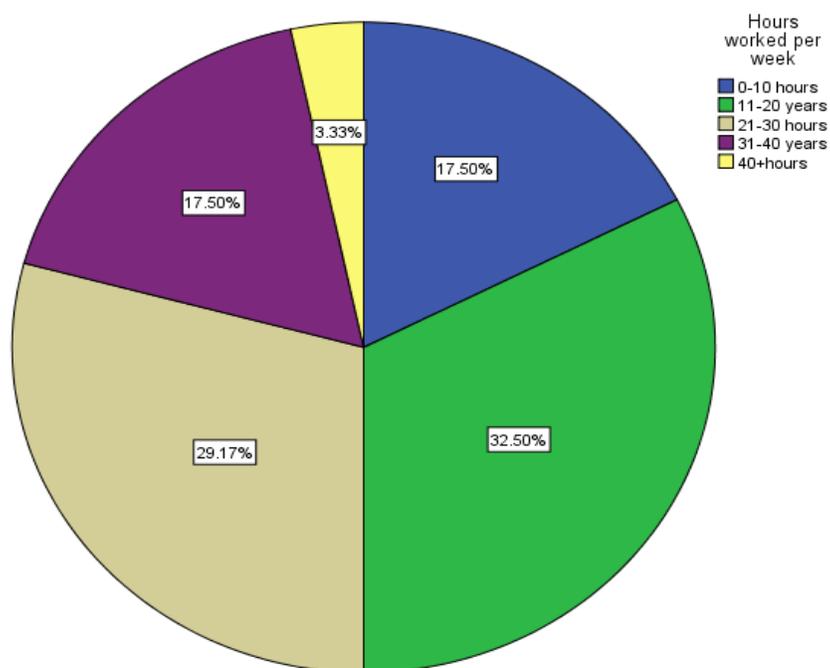

Figure 2. Pie chart of hours worked per week.

The participants worked in different environments, including home, community, office and school settings. Figure 5 demonstrates the variability among research

participants' work setting locations. The data obtained only reflects a sample of counselors that have attended unranked, tier 2, and tier1 universities. Data from the current study is not generalizable to the entire population of counselors, because it is not possible to identify how many practicing counselors have graduated with a master's degree in counseling from unranked, Tier 2, and Tier 1 educational institutions.
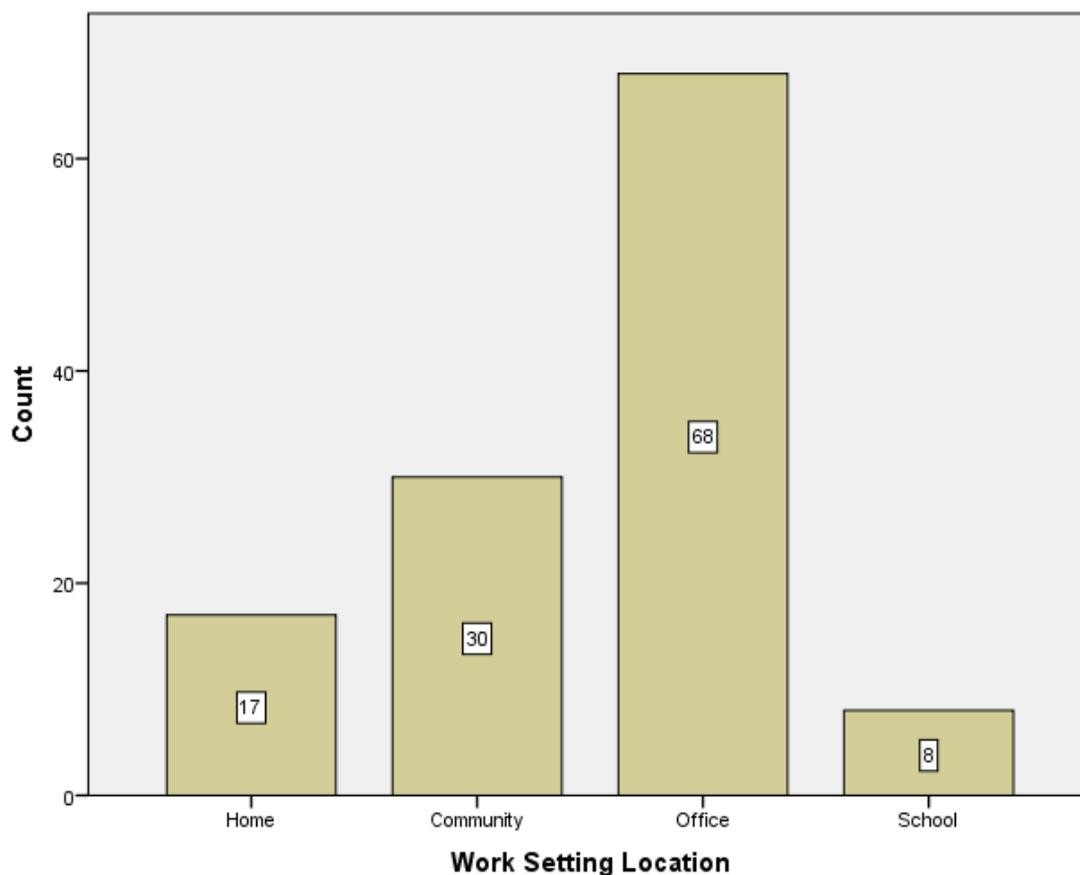

*Figure 3.*Variability among Research Participants Work Setting

Results

The assumptions of independence, states the observations are independent sample from the population (Ghasemi & Zahediasl, 2012; Green & Salkind, 2011). The second assumption pertains to normality, which indicates the distribution of the population from

which the sample if derived is normal. Table 5 demonstrates the normality within the study. The Kolmogorov-Smirnov and Shapiro-Wilk reflect $p < .05$ when means the data does not deviate from normal distribution and assumption of normality was met.

Table 5

Test of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	Df	. Sig	Statistic	df	Sig.
Counselor Resilience	.243	123	.000	.618	123	.000

a. Lilliefors Significance Correction

The third assumption is the homogeneity of variances between groups. The assumption of homogeneity of variance between group assumes participant's scores in any condition, does not influence scores of other participants or the variance within each of the populations is equal (Field, 2009; Frutos, 2012). Table 6 demonstrates that the variance between counselor resilience does not significantly differ ($p>. 05$). In addition, the Levine test indicated because $p>.05$ the assumption for homogeneity was met.

Table 6

Test of Homogeneity of Variances

Variable	Levene Statistic	df1	df2	Sig.
Counselor Resilience	1.536	2	120	.219

To identify the reliability of the analysis, I conducted a Cronbach alpha, and the results were very high ($\alpha =. 97$).

Analysis of Hypothesis

I posed the following research question, null hypothesis, and alternative hypothesis for this comparative quantitative study:

RQ: What impact do research rankings (i.e., unranked, tier 2, and tier 1) at educational institutions have on developing resilience among counselors?

$H_0 1$; $\mu 1 = \mu 2 = \mu 3$ There are no significant differences in resilience among counselors who attended unranked, tier 2, and tier 1 educational institutions.

$H_A 1$: $\mu 1 \neq \mu 2 \neq \mu 3$ There are significant differences in resilience among counselors who attended unranked, Tier 2, and Tier 1 educational institutions.

To answer this research question data from 123 participants was used to conduct an analysis of variance. My analysis of variance examined the impact of research embedded curriculum on levels of counselor resilience. Table 6 illustrates this analysis of variance. The results of this ANOVA suggests there are no differences, $F(2, 120) - 1.38$, $p = .255$, $p > .05$. Thus, the alternative hypothesis is rejected. The alternative hypothesis states, there are significant differences in resilience among counselors who attended unranked, Tier 2, and Tier 1 educational institutions. In addition, because $p > .05$ the null hypothesis was not accepted and no significant differences in resilience among counselors who attended unranked, tier 2, and tier 1 educational institutions.

Table 6

ANOVA of Counselor Resilience

Counselor Resilience	SS	df	MS	*F*	P
Between Groups	977.542	2	448.771	1.382	.255
Within Groups	42440.524	120	353.671		
Total	43418.065	122			

Summary

My intent in this chapter was to examine the impact research emphasis in educational institutions has on counselor resilience. The results of my study failed to reject the null hypothesis. The null hypothesis stated there are no significant differences in resilience among counselors who attended unranked, tier 2, and tier 1 educational institutions. In the next chapter, I will include a comprehensive interpretation of the findings. I will also discuss the limitations encountered during the study in Chapter 5. I will then conclude with a comprehensive discussion of the recommendations and implications of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

I performed this study to gain insight into the differences among counseling professionals' level of therapeutic resilience based on the institutional research emphasis within their counseling programs. I used a quantitative, non-experimental/comparative research design to gain foundational insight into why some counselors exhibit higher levels of resilience while other counselors exhibit less resilience. To achieve this understanding, I asked the following question: what impact do research rankings (i.e., unranked, tier 2, and tier 1) at educational institutions have on developing resilience among counselors? The null hypothesis for this analysis proposed no significant differences in levels of resilience among counselors who attended unranked, tier 2, and tier 1 educational institutions. The alternative hypothesis for this study proposed significant differences in levels of resilience among counselors who attended unranked, tier 2, and tier 1 educational institutions. Statistical analysis of variance failed to reject the null hypothesis which means no significant differences in levels of resilience exist among counselors who attended unranked, tier 2, and tier 1 educational institutions.

I will provide an interpretation of these statistical findings within this chapter. In addition, I will provide a final review of the limitations of the study, including threats to internal and external validity. I will also discuss recommendations for future research on counselor resilience and institutional emphasis on research within this chapter.

Interpretation of the Findings

May 1st is the National Candidate Reply Date for many of the educational

institutions included in this study (Hyman & Jacobs, 2010). On May 1st, more than 2

million students will finalize their decisions regarding their educational institution of

choice (Hyman & Jacobs, 2010). Prior to making their final decision, many prospective

students may feel conflicted when choosing between attending a prestigious research

university, non-research based teaching university, or an nontraditional and international

universities and colleges. According to Hyman and Jacobs (2010) one of the advantages

of selecting a prestigious Tier 1 research university is the development of better-trained

students when compared to students attending smaller colleges. The following study

provides statistical evidence that may impact a prospective student's decision on their

ideal educational institution. The results from this study indicate there are no significant

differences in a counselor's level of resilience ($p > .05$) when compared to unranked, tier

2, and tier 1 universities. In addition, the results also indicated years of experience (p

$=.187$), hours worked ($p =.533$), and work setting ($p =.747$) has no significant impact

levels of resilience among surveyed practicing counselors. These results indicate

educational institutions are more alike than they are different with regards to preparing a

counselor to adjust and adapt to the adversity encountered in their respective field of

practice. These findings also have a subsequent impact on confirming, challenging, and

extending current knowledge of resilience, counselor resilience, and the use of CD-RISC-

27.

Resilience Theory

Foundational knowledge of the resilience theory indicates resilient individuals possess personal characteristics positively associated with the ability to overcome great odds within the community and educational institutions (Donnellan, Conger, McAdams, & Neppi, 2009; McAllister, & McKinnon, 2009; Werner, 1995). Outcomes from current data extend previous knowledge on the resilience theory by addressing current gaps in the knowledge on a practicing counselors levels of resilience was impacted by research emphasis within their educational institutions. Prior to my study, no studies were identified which provided an examination of how levels of counselor resilience are impacted by research embedded curriculum despite differences among unranked, tier 2, and tier 1 educational institutions.

This study extends current knowledge on resilience theory by providing statistical evidence that in spite of educational differences such as environmental setting (traditional vs nontraditional environments) and resources allotted to educational institutions, resilience is able to be nurtured among practicing counselors impartially. Resilience theory focuses on understanding healthy development despite risk and focuses on strengths rather than weakness (Windel, 2011, p. 152). The average mean score of resilience among surveyed practicing counselors was 92.1789 ($SD = 18.86$). These results are slightly lower than the original study that use the CD-RISC-27 to assess levels of resilience among 266 participants, including general population of non-help seekers, primary care outpatients, psychiatric outpatients in private practice, individuals

diagnosed with generalized anxiety disorder, and individuals diagnosed with PTSD (Dong et al., 2013). The results of the original analysis using the CD-RISC-27 did find the average mean score among participates as 93.45 (SD = 19.55). Comprehensively, more needs to be done within all educational institutions to nurture levels of resilience among counseling students to improve levels of resilience among practicing counselors.

Counselor Resilience

Counseling is a one-way therapeutic relationship in which the focus is on the welfare of the client (Skovholt, 2012). Within this one-way relationship, counselors typically work with clients that have varying degrees of stress and adversity (Skovholt, 2012; Salder Gerhardt & Stevenson, 2011). Resilience leads to enhanced functioning and longevity within the field (Clark, 2009). Previous analysis into counselor resilience indicates counselor resilience does not happen by accident (Osborn, 2004). Counselor resilience occurs over time, as a result of a counselor turning adversity into growth opportunities that become part of the professional's identity and core values (Hodges, Keeley, & Grier, 2005; Lambert & Lawson, 2013). Counselor resilience emerges as counselors make daily decisions that lead to wellness and health (Osborn, 2004). The current study challenges the foundational knowledge on counselor resilience. In 2004, researchers found counselors with higher levels of resilience tend to be older and more experienced clinicians (Brewer, 2010).

The level of experience in the present study ranged from 0-10+ years. Within my current study an analysis of variance was conducted on years of experience, hours worked and work setting among practicing counselors that graduated from an unranked,

tier 2, and tier 1. Upon analysis, no statistically significant difference was found among years of experience ($p = .187$), hours worked per week ($p = .533$), and work setting ($p = .747$). Therapeutic work can lead to depletion of clinical skills and burnout, leaving counselors challenged to provide efficient and effective therapeutic services (Salder-Gerhardt & Stevenson, 2011; Skovholt, 2012). These findings indicate resilient counselors have the ability to create a positive work environment, overcome work stress, and maintain self-care regardless of their years of experience. Counselors with high levels of resilience are able to shape their daily exposure to challenges and adversity within the workplace into a positive adaption and transformation. It is imperative that social change begins to enhance counselor resilience among practicing counselors.

CD-RISC-27

I analyzed the variables within this comparative designed using the CD-RISC-27, which is a modified version of the CD-RISC. This study extended knowledge on the benefits of the modified version of the CD-RISC (CD-RISC-27) by providing foundational insight into the overall levels of resilience among counseling professionals. Modifications made to the original CD-RISC developed by Kathryn Connor and Jonathan Davidson in 2003 was made to assist participants relate to the instrument questions and assess new variables such as job satisfaction and perceived support from family/friends (Dong et al., 2013). Prior to these modifications developers of the original CD-RISC (Conner & Davidson, 2003) propose that all individuals have experienced internal and external stressors at one time or another; however, one's ability to cope with these events influence both successful and unsuccessful adaptations to the initial stressor. This study

further confirms that the CD-RISC-27 demonstrates sound psychometric properties. The internal consistency was very high, $\alpha = .97$. This consistency was higher than reported in the previous studies, $\alpha = .94$ (Dong et al., 2013) and $\alpha = .89$ (Conner & Davidson, 2003). Despite the confirmation of the psychometric properties of the instrument used within this study significant limitations were also present.

Limitations of the Study

I confirmed the limitations outlined throughout this study. The greatest limitation of this study is the internal threat created by the selection of subjects. Data obtained from this study relied on participants' honest interpretation of perceived resilient characteristics and educational training programs. The differences within educational institutions may only be a reflection of the types of students that ambitiously seeks to ascribe to counselor education within the respective institution. Also, selection is a threat to this study because we currently do not know how the type of students that attends an unranked, tier 2, or tier 1 educational institution impact levels of counselor resilience. For example, are the characteristics of students that attend a non-traditional and a traditional counselor education programs may be inherently different? According to Campbell and Stanley (1963), the selection is also a threat to the internal validity of this study because participants are self-selected into compassion groups. The use of an analysis of covariance could provide significant insight into levels of counselor resilience and the impact of research embedded curriculum because of its ability to control for a continuous independent variables such as types of students.

Experimental mortality is another limitation of this study. Experimental mortality pertains to a differential loss of participants within one or more comparison groups (Campbell & Stanley, 1963). To reduce the limitation researcher coded participant data with regard to the comparison group (unranked, tier 2, tier1). The research design chosen for this study also presents limitations. The use of an incentive and social desirability bias may have had an impact on the result of this study. Research has shown that the use of incentives can lead to uncommitted participants only motivated by obtaining a reward (Aljoscha & White, 2002).

There are several factors that can account for why variables impact one another (Gay et al., 2006). Unaccounted for variables is another limitation of this study. Changes that occur in one variable may be the direct result of other variables (Gay et al., 2006). This study also had limitations with regard to the use of a survey design. Poorly worded questions can lead to misinterpretation of questions and erroneous responses. For example, a significant number of participants provided the same response for all questions and subsequently filled out the information to receive their incentive. Social-desirability bias responds to participants on the other end of the spectrum who wish only to report their clinical skills in a favorably skewed light. Researchers must use data from a comparative analysis with caution because the relationship between variables is not a direct indicator of a causal connection between study variables (Gay, Mills, & Airasian, 2006). As a result, researchers need to perform an additional examination to gain understanding into the unaccounted-for variables that may impact levels of counselor resilience.

The final limitation to the study is the external threats to generalizability. The current research only includes practicing counselors that received a Master's degree in Counseling from an unranked, tier 2, or tier 1 educational institution. In addition, the sample size for this study is not representative of the unknown number of alumni from unranked, tier 1, or tier 2 institutions. Therefore, this data is not generalizable to levels of resilience among all licensed counselors.

Recommendations

The current investigation offers important information for the scholarship of counselor and counselor education within various work settings. Gaining insight into one's profession is a vital component of healthy counselor development (Donati & Watts, 2005; Lambie, Hagedorn, & Ieva, 2010; Patterson & Heller Levitt, 2011; Skovholt & Ronnestad, 1992; Woodside, Oberman, Cole, & Carruth, 2007). Given that self-awareness is one of the fundamental elements of the counseling profession, it is important for counselors to have knowledge on ways to recognize and strengthen levels of resilience. In order to provide an exhaustive analysis regarding the impact of the differential impact of counselor resilience on practicing counselor's levels of resilience, future studies need to further examine extreme scores of levels counselor resilience in order to analyze scores that fall outside of the normal distribution. In addition, an examination of the extreme scores will provide a confirmatory analysis of the results obtained in my study.

Comprehensively, future researchers should investigate how unaccounted-for variables impact counselor resilience. Until researchers obtain adequate knowledge

regarding how research-driven instruction impacts counselor resilience, clients will continue to vicariously expose counselors to stress, with the counselors lacking knowledge of the essential resilience characteristics that can potentially contribute to their overall ability to cope with and adapt to this exposure. I recommend that future research extensively explore the variables that impact a counselor's level of resilience.

One of the greatest limitations of my study is the limited examination of demographic variables; as a result, we still do not know the extent of the unaccounted for variables that may impact levels of counselor resilience among practicing counselors. Future researchers should perform a comparative analysis to examine the demographic variables impact on counselor resilience to understand and reduce the unaccounted-for variables that impact counselor resilience. The most significant unaccounted for variables that presented itself during this study is CACREP accreditation, the type of educational institutional (private/public), and regional impact. These three variables have a significant impact on the development of the foundational skills needed to be an effective counselor, however they were not included in the current study.

This analysis will help challenge the impact of research-embedded curriculum on an individual's level of resilience. In 2004, researchers found counselors with higher levels of resilience tend to be older and more experienced clinicians (Brewer, 2010). As a result, I recommend conducting further research to identify the role years of experience plays in the levels of counselor resilience. To understand resilience, we must understand what underlies these attributes and the subsequent outcomes (Windel, 2011). This study also exposed a gap in current literature as to how life experiences influence the

development of resilience skills. As a result, it is recommended that a future researcher conduct a qualitative examination that explores what influences the lives of resilience counselors and the themes that present themselves. The research obtained can aid in the understanding the unaccounted for variables that may impact a practicing counselors' level of resilience.

Another limitation of this study is the inadequate understanding regarding the type of research-embedded methods utilized within the classroom. Instructors can emphasize research in different ways, such as lectures, academic staff-led seminars, and homework (Healey & Jenkins, 2010). Research-embedded instructions can also utilize data analysis to obtain formative and summative evaluations of students' academic needs (Lewis, Madison-Harris, Muoneke & Times, 2002). I recommend conducting an exploratory study to examine the type and effectiveness of research-embedded curriculum implemented within counselor education programs. It is imperative future researcher's identify all the ways research is embedded within a counselor's development to identify the effectiveness of the didactic philosophy of research-embedded curriculum. This can also aid in curriculum development for counselors in training.

Researchers examining counselor resilience should explore the intrinsic components and personal characteristics that impact levels of resilience among practicing counselors, educators, and supervisors. My current study found no significant difference among the external factors of the educational institution. To gain comprehensive understanding of counselor resilience, it is important to examine the intrinsic components that influence levels of counselor resilience.

Implications

The results of this research offer further evidence that resilient counselors have the ability to create a positive work environment, overcome work stress, and maintain self-care regardless of educational differences. This investigation further demonstrated the importance of understanding why some counselors exhibit higher levels of resilience while others exhibit less. In the following section, I will discuss how current results impact students, faculty, programs, counselors, clients, and the community at large.

Society determines the quality of an education by its ability to provide individuals with real-world applications. Counselor resilience is a skill that can be taught and developed by diverse educational institutions. Education that fails to provide students with adequate skill-development promotes students who are inadequately prepared for the workplace, leaving them vulnerable to future stress (Gardner & Boix-Mansilla, 1999; McAllister & McKinnon, 2009). We need social changes to ensure all educational institutions are providing students with the environment necessary to nurture levels of resilience. This study is significant in that it exposes the potential cultural advantages for students that attend schools with a higher research rankings and validates the academic and clinical application of non-research based training programs and non-traditional learning environments. Upon applying for employment, students that attend tier 1 universities are more likely to be interviewed and given a job when compared to students that have graduated from lower ranked universities (Green, 2012). The salary for tier 1 alumni is 32% higher than other graduates (Green, 2012). This study proved these antiquated policies do not necessarily equate to hiring the best candidate for the job.

Higher ranked research institutions should re-examine the practical applications of research embedded curriculum and clinical work. Results from this study indicated there is no significant difference in levels of counselor resilience among lower and higher ranked educational institutions. Lower ranked institutions should begin addressing these findings in an effort to adjust societal perceptions that presume institutional ranking is indicative of the quality of education obtained within the respective program.

This study also demonstrated research centered curriculum within counselor education programs has no significant impact on a counselor's level of resilience within their respective fields of practice. Within the classroom, clinical skills cannot be learned through research emphasis alone. Concerning curricular development, it is imperative that counselor programs identify ways to implement resilience development into the classroom to ensure students have the skills necessary to cope with adversity encountered in the therapeutic environment.

With regard to educational institutions, schools can better utilize resources for research opportunities in which motivated students participate. The results of this study provide administrators within counselor education program's insight into how curricular differences such as research-driven instruction have limited impact on clinical skill development. As a result, we need social change to assess the clinical applications of research-driven instruction. One way this can be implemented is with the use of preferred teaching styles rather than self-imposed curriculums.

This knowledge can inform the approach that institutions should take to prepare counselors for the recurring exposure to stress and adversity within the therapeutic

environment. Faculty members can also use the outcomes to promote resilience in counseling professionals. For example, faculty can engage students in discussions and activities that improve emotional regulation, decrease fear-related appraisals, promote cognitions that the world is safe and non-threatening, as well as enhance self-efficacy and control (Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009).

With regard to the counseling profession at large, this study conveys the need for more advocacies to ensure counselors learn resilience strategies regardless of their level of expertise. Counselor resilience emerges as counselors make daily decisions that lead to wellness and health (Osborn, 2004). Results from this study indicate counselors can significantly benefit from obtaining higher levels of resilience. Regardless of setting, counselors can improve their ability to achieve a balance between occupational stressors and life challenges through the introduction of resilience strategies. Individuals nurture resilience when they make choices to transform or manipulate challenges in adverse situations into positive adaption and transformation.

Counselors can self-assess levels of resilience to reduce individual counselor's susceptibility to burnout or other types of impairments. With regard to practicing counselors, it is imperative that counselors begin to nurture their own sense of resilience. Counselor resilience is a continuous process with the structural purpose to ensure self-wellness. Recognizing, assessing, and nurturing are key steps to obtaining higher levels of resilience and reducing impairment from vicarious exposure to trauma. Counseling supervisors and counseling agencies can assess levels of counselor resilience to gain a better understanding of an individual counselor's ability to cope with their exposure to

trauma vicariously while providing counseling. Subsequently, counselors that have lower

levels of resilience can benefit from workshops and continuing education that teach

counselor resilience.

Conclusion

Self-awareness is key to healthy self-care practices, overall wellness, and a high

level of resilience. Every counselor has the ability to improve their level of resilience by

becoming committed, to achieving a balance between occupational stressors and life

challenges. Results from the current study indicate educational institutions are more alike

than they are different with regards to preparing a counselor to adjust and adapt to the

adversity encountered in their respective field of practice. This study exposes the need for

social change of the perceptions regarding the quality of learning within respective

educational institutions. The results of this study provide statistical evidence that in spite

of educational differences such as environmental setting (online vs. land-based learning

environments) and resources allotted to educational institutions, resilience is able to be

nurtured among practicing counselors impartially. Comprehensively, more needs to be

done within all educational institutions to nurture levels of resilience among counseling

students to improve levels of resilience among practicing counselors.

References

Ahangar, R. G. (2010). A study of resilience in relation to personality, cognitive styles and decisions making style of management. *African Journal of Business Management, 4*(6) 953-961.

Bitar, G. W., Bean, R. A., & Bermúdez, J. M. (2007). Influences and processes in theoretical orientation development: A grounded theory pilot study. *American Journal of Family Therapy, 35*(2), 109–121.

Bonnano, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*, 20-28.

Christopher, C. W. (2008). *The relationship between personality and preferred theoretical orientation in student clinicians* (Master's thesis). Retrieved from: http://commons.pacificu.edu/spp/49.

Clark, P. (2009). Resilience in the practicing marriage and family therapist. *Journal of Marital and Family Therapy*, *35* (2), 231-247.

Conner, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC). *Depression Anxiety, 18*(2), 78-82.

Jackson, R., & Watkin, C. (2004).The resilience inventory: Seven essential skills for overcoming life's obstacles and determining happiness. *Selection & Development Review, 20*(6), 13-18.

Jones-Smith, E. (2012). *Theories of counseling and psychotherapy: An integrative approach.* Los Angeles, CA: Sage.

Gardner, H., & Boix Mansilla V. (1994). Teaching for understanding in the disciplines and beyond. *Teachers College Record*,198 –218.

Gladding, S. (2004). *Counseling, a comprehensive profession* (5th ed.). Columbus, OH: Prentice Hall.

Greene, R. R., Galambos, C. & Lee, Y. (2003). Resilience theory: Theoretical and professional conceptualizations. *Journal of Human Behavior and the Social Environment*, *8* (3), 75-91.

Linley, P. A., & Joseph, S. (2004). *Positive psychology in practice.* Hoboken, NJ: John Wiley& Sons.

Lambert, S., & Lawson, G. (2009). *Professional resilience and counselor wellness.* Virginia Tech University. ACA Press Release. Retrieved from http://www.counseling.org/PressRoom/

Lawson, G., & Venart, B. (2005). Preventing counselor impairment: Vulnerability, wellness, and resilience. In G. R. Walz & R. K. Yep (Eds.), *VISTAS: Compelling perspectives on counseling* (pp. 243-246). Alexandria, VA: American Counseling Association.

LoFrisco, B. (2009). *Discover your theoretical orientation*. Retrieved on from http://www.mastersincounseling.org/discover-your-theoretical-orientation.html.

Masten A.S. (2001). Ordinary magic: Resilience process in development. *American Psychologist*, *56*(3), 227-238.9.

Masten, A., & Obradovic, J. (2006). *Competence and resilience in development. New York Academy of Sciences*, 1094, 13-27.

McAllister, M & McKinnon, J. (2009). The importance of teaching and learning

    resilience in the health disciplines: A critical review of the literature. *Nursing*

    Education Today, 29(4), 371-9. doi: 10.1016/j.nedt.2008.10.011.

Pietrzak, R. H., Johnson, D. C., Goldstein, M. B., Malley, J. C., & Southwick, S. M.

    (2009). Psychological resilience and post-deployment social support protect

    against traumatic stress and depressive symptoms in soldiers returning from

    Operations Enduring Freedom and Iraqi Freedom. *Depression and Anxiety,* 26,

    745-751.

Prochaska, J. O., and Norcross, J. C. (1999) *Comparative conclusions: Toward a trans*

    theoretical therapy. Systems of psychotherapy: A transtheoretical analysis.

    Brooks/Cole, Pacific Grove, CA, pp. 487–528.

Ogunfowora, B., & Drapeau, M. (2008). Comparing counseling and clinical psychology

    practitioners: Similarities and differences on theoretical orientation revisited.

    International Journal of Advanced Counseling, 30, 93-103.

Orlinsky, D. E., & Ronnestad, M. H. (2005). *How psychotherapists develop: A study of*

    therapeutic work and professional growth. Washington, DC: American

    Psychological Association.

Sadler-Gerhardt, C.J., & Stevenson, D.L. (2011, October 27). *When it all hits the fan:*

    Helping counselors build resilience and avoid burnout. Paper presented at

    Association for Counselor Education and Supervision (ACES), Nashville, TN.

    Schottenbauer, M. A., Glass, C. R., & Arnkoff, D. B. (2007). Decision making

    and psychotherapy integration: Theoretical considerations, preliminary data, and

implications for future research. *Journal of Psychotherapy Integration, 17*(3), 225-50.

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine, 15*, 194-200.

Splevins, K. A., Cohen, K., Joseph, C. M., & Bowley, (2010). Vicarious posttraumatic growth among interpreters. *Qualitative Health Research, 20*(12), 1705-1716.

Spruill, D.A., & Benshoff, J.M. (2000). Helping beginning counselors develop a personal theory of counseling. *Counselor Education and Supervision, 40*, 70-80.

Tedeschi, R.G., & Calhoun, L.G., (2004). Posttraumatic growth: conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1-18.

Topolinski S., & Hertel, G. (2007). The role of personality in psychotherapists' careers: Relationships between personality traits, therapeutic schools, and job satisfaction. *Psychotherapy Research, 17* (3), 365–375.

Wagnild, G., & Young, H. (1990). Resilience among older women. *Journal of Nursing Scholarship, 22*, 252–255.

Appendix A: Invitation to Participate in the Research

Are you currently a practicing licensed professional counselor?

Did you graduate from a Tier 1, Tier 2, or Unranked University?

If the answer to both of these questions is yes, then you are cordially invited to participate

in a research study examining the impact of varied levels of research embedded

curriculum and counselor resilience. Counselor resilience is the ability to cope with stress

and adversity vicariously experienced during therapeutic work. Resilient counselors are

more equipped to overcome stress related implication of counseling. Varied levels of

emphasis on research embedded in the learning environment of educational institutions

may influence the development of resilience needed to effectively cope with the stress

and adversity vicariously experienced during therapeutic work The purpose of this

quantitative, comparative study is intended to gain understanding into why some

counselor exhibit higher levels of resilience while other counselors exhibit less resilience.

Comprehensively, this study will inform counseling training programs on the

implications of program structure and a student's level of resilience. The information

provided in this study is strictly confidential and no identifiable information will be

included with questionnaire responses. The total duration of your participation in this

study will be 10-15 minutes. As a compensation for your time, a $5.00 dollar gift card

will be given to all participants that successfully complete the questionnaire. If you would

like to volunteer for this study, please click the link or visit counselorreslience.info.

Please email this invitation for participant to any alumni or counseling colleagues. Any

questions or concerns can be sent to ▓▓▓▓▓▓▓▓▓▓▓▓▓ or ▓▓▓▓▓▓▓

Appendix B: Study Information Document

General Description of the Proposed Research

The purpose of this quantitative, comparative study will be to examine the differences among counseling professionals' level of therapeutic resilience based on the institutional research emphasis within their counseling programs. The dependent variable for this study is counseling professionals' level of resilience. While educational research ranking will be used to measure the independent variable; emphasis of research within a counselor's educational institution. To analyze the differential impact of research emphasis on counselor resilience ANOVA will be used for identifying if any, differences exist between research ranking and level counselor resilience. The ANOVA is used to examine whether group means on the dependent variable vary significantly from each other (Green & Salkind, 2011; Homack, 2001). Post hoc analysis will also be conducted to compare group differences. The goal of the post hoc analysis is to understand where the significant difference exists (Green & Salkind, 2011; Homack, 2001). Upon rejection of the null hypothesis in the ANOVA a post hoc multiple comparison tests, is used to maintain the a priori Type I error rate (Homack, 2001).

Procedures

Informed consent will be determined by typing I agree. After reading this form, if you wish to voluntarily agree, you will asked to complete the following questionnaire for this study that will take 10-15 minutes. First complete the initial anonymous data questionnaire, which will be used to identify your eligibility for this study. After eligibility is identified you will be directed to 1 survey that will measure your levels of

resilience. Throughout the questionnaire, you will be reminded your participation is voluntary and you may withdraw at any time. No identifying information will be requested during the questionnaire or survey.

Potential Risks and Benefits

The risk associated with your participation in this study is minimal. Participants may experience feelings of stress associated with recalling challenging or traumatic situations. If a participant experiences any distress as a result of participating in this study a list of counseling services are provided to further discuss these feelings. Participants will also be given information regarding counselor resilience. Your participation in this study is voluntary. As a result, if a question becomes too personal or makes you feel uncomfortable you may skip this question. The benefit of this research study is gaining understanding of the impact of initial counselor training on the development of resilience. In addition, this study will inform counseling training programs on the implications of program structure and a student's level of resilience.

Incentives

As a compensation for your time, a $5.00 dollar gift cards will be given to all participant that successfully complete the questionnaire. At the conclusion of this study you will be asked if you would like to receive their $5.00 dollar gift card. Participants that confirm they would like receive the gift card will be asked for their email address. Emails will be spent describing the method to obtain your gift card.

Data Integrity and Confidentiality

All information provided in this study will be confidential and no identifying information will be obtained on the questionnaire or survey. Data will be collected and stored on an online secured password protected site. Data collected will be used to obtain understanding into counselor resilience. As a result, data will be kept for future research analysis

Contact Information

If at any time you have any questions, the researcher's name is Erica Handon. The Researcher, Erica Handon, can be contacted through the following methods: via telephone at ▮▮▮▮▮▮▮ or email at ▮▮▮▮▮▮▮▮▮▮. Any questions regarding your rights as participants can be sent to the Walden University's Research Participant Advocate at ▮▮▮▮▮▮ or via email at i▮▮▮▮▮▮▮▮.

Statement of Consent

I have read the above information and have no remaining questions regarding this study. I consent to participating in this research study. To protect your privacy, type the word agree if you agree to the information provided in this document. In addition, please print this consent form for your records.

Thank you for your participation!

Appendix C: Consent to Use the Modified CD-RISC

Good afternoon, Erica. Thank you for contacting us!

We are excited that you are entering this field. There is important work that needs to be done here!

Definitely, you may use the tool. Before you go further, we encourage you to check in with Dr. Davidson (the "D" in the CD-RISC). We, unfortunately, had not been in contact with him prior to us publishing. I will strongly suggest you contact him.

Jonathan Davidson, M.D. ███████████████

Best wishes-

EA & FD

Appendix D: Instrument

Demographic Questionnaire

1. Do you hold a master's degree in counseling?

    1=yes

    2=no

2. What is the type and name of the degree you have obtained?(i.e. MS in Clinical Mental Health Counseling)

3. What is the name of your educational institution from which you received your degree in counseling?

4. Where is the campus located?

5. Are you currently credentialed to provide therapy?

    1=yes

    2=no

6. What type of credentialing do you currently possess to provide counseling to others?

7. How many years have been credentialed to provide therapy?

8. What is the average number of hours you currently provide therapy in a week?

    1= 0-10 hour

    2= 11-20 hours

    3= 21-30hours

    4= 31-40 hours

    5= 40+ hours

9. Where do you currently provide therapy

    1= Home

    2= Community

    3= Office

CD-RISC-27

Questions	Very Much	Somewhat	Undecided	Not Really	Not at all
1. I am able to adapt to change					
2. I have close and secure relationships					
3. Sometimes fate or God can help					
4. I can deal with whatever comes					
5. Past success gives me confidence for new challenges					
6. I see the humorous side of things					
7. I feel obligated to assist others in need					
8. I tend to bounce back after illness or hardship					
9. Things happen for a reason					
10. I give my best effort no matter what					
11. I can achieve my goals					
12. When things look hopeless, I don't give up					
13. I know where to turn for help					
14. Under pressure, I focus and think clearly					
15. I prefer to take the lead in problem solving					

16. I am not easily discouraged by failure					
17. I think of myself as a strong person					
18. I can make unpopular or difficult decisions					
19. I can handle unpleasant feelings					
20. I have a strong sense of purpose					
21. I have few regrets in life					
22. I like challenges					
23. I work to attain my goals					
24. I have pride in my achievements					
25. My friends are willing to help me make decisions and listen to me					
26. My family is willing to help me make decisions and listen to me					
27. I find my job rewarding					