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Resilience Characteristics of Master's-Level Counseling Students

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Resilience Characteristics of Master's-Level Counseling Students

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Counselor Education

by

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December 2010

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DEDICATION

This dissertation is dedicated to my mother, the person whose unconditional positive regard, love and compassion fostered the resilient individual that I am today. To my family and their unconditional support in the distance. And to my friends, the old and the new. Thank you for letting me feel your presence and for supporting me every step of the way.

Esta disertación esta dedicada a mi madre, la persona cuyo apoyo incondicional, amor y compasión hicieron posible el individuo resiliente que hoy soy. A mi familia por su apoyo incondicional en la distancia. Y a mis amigos, los nuevos y los antiguos. Gracias por hacerme sentir su presencia y por apoyarme en cada etapa del camino.

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ABSTRACT

Resilience characteristics typically have been studied among children and adolescents. A new line of research on resilience is focused on exploring the resilience characteristics of adults exposed to short and long-term adversity. In the present study, 585 master's-level counseling students responded to the *Resilience Scale* (Wagnild & Young, 1993). The purpose of this study was to examine the relationship between counseling students' level of resilience and specific background variables (age, gender, marital status, ethnicity, education, income, employment, living situation, sexual orientation, and country of origin), counselor-education program variables (primary field of study, number of credits taken, academic status, professional affiliations, supervision status, counseling courses, role identification, and accreditation), and risk (poverty, natural disasters, and terrorism) and protective variables (perceived support, school expectations, and community involvement).

The results of this study indicated that resilience characteristics and the overall resilience score were associated with background variables, risk and protective variables, and counseling-training-program variables. The counseling-training-program variables examined were minimally correlated with participants' resilience characteristics or their resilience score.

The results of this study offer support for the adoption of wellness-based assessments of counseling trainees, as opposed to measures of impairment. Suggestions are offered for counselor educators and supervisors regarding possibilities for fostering the resilience of counseling trainees as well as counseling practitioners.

Keywords: resilience, protective factors, risk factors, counseling, counseling training, wellness.

CHAPTER ONE

INTRODUCTION

In this chapter, an overview is presented of the process of inquiry followed by researchers in studying resilience. Then, the concept of resilience is introduced as well as its characteristics, protective factors, risk factors, and measurement instruments. Also presented in this chapter are the sample and rationale for the study, as well as its purpose and associated research questions. The significance of studying the resilience characteristics of master's-level counseling students is explained. Finally, the proposed study's assumptions, delimitations, and limitations are described, and a brief definition of terms is presented.

Background

Typically, the research on resilience characteristics has been focused on children and adolescents exposed to short- and long-term adversity. However, the overwhelming adaptive response of the American population to broad-scope adversities such as terrorism and natural disasters, particularly in the last 10 years, seems to have awakened the interest of researchers in exploring the ways in which people in different phases of their life span respond to adversity.

The study of resilience characteristics started with the exploration of personal adjustment of children, adolescents, and young adults in situations of poverty, parental mental illness, and family dysfunction (Werner, 1989); however, researcher interest in studying the resilience characteristics of adults was sparked by initial findings about the capability of human beings to respond resiliently throughout the life span (Rutter, 1987).

In studying adult resilience, researchers focused first on the protective characteristics of older adults (Wagnild, 1990); subsequently, their interest appeared to focus on adult populations affected by specific risks (Bonanno, Galea, Bucciarelli & Vlahov, 2006). This was followed by

studies with adults who had been affected by individual, family, and/or social risk as children (Susuki, Geffner & Bucky, 2008); and more recently, by the exploration of resilient responses after traumatic events, particularly natural and man-made disasters (Bonanno, 2006). Another trend of resilience research has focused on studying the risk and protective factors of professionals whose line of work imposes significant risk for burnout, such as nurses, social workers, and medical personal (Abblet & Jones, 2006; Collins, 2007; Gillespie, Chamboyer, Wallis & Grimbeek, 2007)

Although the study of resilience characteristics among counseling practitioners occupies a very small space in the annals of resilience research, there is a new trend, particularly in the last year, oriented to exploring how counseling practitioners remain resilient (Clark, 2009), and what kind of support professional counselors need to respond to large-scale natural disasters like Hurricane Katrina (Lambert & Lawson, 2009).

Resilience inquiry has emerged through the phenomenological identification of characteristics of survivors, particularly those of young people living in high-risk situations (Richardson, 2002). Richardson (2002) cited three waves of resilience inquiry. The first wave responded to the question: what characteristics mark people who thrive in the face of adversity, as opposed to those who succumb to destructive behaviors? As a result of this first wave, researchers were able to formulate a list of qualities, assets, or protective factors such as self-esteem, self-efficacy, and support system that assist individuals in coping with adversity.

The second wave was focused on discovering the process of attaining the identified resilient characteristics. During this wave, Richardson (2002) presented the resilience process as a simple linear model that depicts a person passing through the stages of biopsychospiritual homeostasis, interactions with life prompts such as unemployment and divorce, disruption,

readiness for reintegration and the choice to reintegrate resiliently, and back to homeostasis or reintegration but with some loss at the level of individual or group capability to cope. The result of the second wave was the description of the disruptive and reintegrative process of acquiring resilience characteristics.

The third wave finally resulted in the contemporary concept of resilience. The third wave was described as a multidisciplinary post-modern identification of the motivational force within the individual and groups and the creation of experiences that foster the activation and utilization of such a force (Richardson, 2002). An additional result of the third wave was the identification and application of this force that drives people towards self-actualization and to resiliently integrate from disruption (Richardson, 2002). According to Masten and Obradovic (2006), the third wave, which is still under way, has been characterized by efforts to promote resilience through prevention, intervention, and policy making.

Masten and Obradovic (2006) mentioned the rise of a fourth wave of research on developmental resilience. The fourth wave, which is motivated by the transformations in all the sciences concerned with genes, brain function, and development due to technological advances in biobehavioral research, focuses on integrating the study of resilience across levels of analysis, across species, and across disciplines.

Theoretical Framework

Resilience theory provides a framework for my proposed study. There is no consensus among classic and contemporary authors regarding the definition of resilience. Rutter (1990) explained resilience as a positive phenomenon that describes people's differential responses to stress and adversity. Garmezy (1991) defined resilience as the capability of individuals to maintain competent functioning despite the presence of emotional interference. Another

definition of resilience has been stated as the set of qualities that foster a process of successful adaptation and transformation despite risk and adversity (Benard, 1995). Masten (2001) defined resilience as the individual's display of good outcomes in spite of serious threats to adaptation or development. Richardson (2002) described resilience as the motivational force within all individuals that drives them to pursue wisdom, to gain self-actualization, to incorporate altruism, and to be in harmony with a spiritual source of strength.

A contemporary definition presents resilience as the ability to respond, to perform positively in the face of adversity, to achieve despite the presence of disadvantage, or to significantly exceed expectations under negative circumstances (Gilligan, 2007)

Resilience Characteristics

Resiliency characteristics generally have been categorized in the literature in terms of personal, family, and community-related factors (Werner, 1989). Werner cited what she considers to be personal attributes of individuals who succeed despite adversity. These attributes include an active approach toward solving life's problems, a tendency to perceive experiences constructively, an ability to gain positive attention from others, and optimism or faith in the future. Using a slightly different classification, McElvee (2007) stated that resilience characteristics may be grouped into three categories: individual characteristics such as flexibility and a positive attitude; social bonds such as an effective relationship with parents and other adults; and social support such as socially acceptable patterns of behavioral norms.

Protective Factors

A factor or process is protective if it helps to reduce the negative effects of a risk factor. Four types of general protective processes are usually described: those that reduce risk impact or

reduce a person's exposure to risk; those that reduce negative chain reactions that follow bad events or experiences; those that prompt self esteem and self efficacy through achievements; and positive relationships and new opportunities that provide needed resources or new directions in life (Rutter, 1987, 1990).

Benard (1995) defined protective factors as those family, school, and community resources that alter or even reverse the maladaptive effects of adverse situations. Such protective factors enable individuals to cope with life stressors and to act resiliently despite adversity. Benard classified protective factors into three categories: caring and supportive relationships, positive and high expectations, and opportunities for meaningful participation.

Protective factors also have been defined as individual traits or environmental resources that minimize the effect of risk (Jenson & Fraser, 2006). As a consequence, protective factors act to buffer the effect of risks, interrupt the chain of cause and effect, or block the negative effect of risks (Fraser & Tersian, 2005). For Anthony, Alter and Jenson (2009), the protective factors influence the effects of risks at different levels: at the environmental level through caring relationships and social support; at the interpersonal level through attachment to a caring person; and through a high level of commitment to a social institution such as school.

Risk Factors

The term risk has been defined in the context of resilience theory as those environmental factors that either individually or in combination have been shown to contribute to the individual's failure to thrive (Howard, Dryden & Johnson, 1999). Risks also describe events, conditions, or experiences that increase the probability that a problem will be formed, maintained, or exacerbated (Fraser & Terzian, 2005; Jenson & Fraser, 2006).

According to Anthony et al. (2009), risks may appear as a single condition or as a cluster of conditions, and determine a particular response within the individual, outside of the person, or in interaction with the environment.

Measuring Resilience

Resilience has been measured using different approaches and modalities. Most researchers have measured resilience using multiple indicators and instruments that include personal characteristics associated with being resilient such as self-esteem, morale, life satisfaction, and sense of coherence. Other researchers have created or used previously developed instruments specifically designed to measure resilience (Wagnild, 2009).

Researchers also have measured resilience with different populations, particularly children and adolescents (Egeland, Carlson, & Sroufe, 1993; Garmezy, 1995; Masten, 1994; Werner, 1989); fewer have measured the resilience characteristics of adults (Bonanno et al., 2006; Fuller-Iglesias, 2008; Suzuki et al., 2008). In measuring the resilience of adults, researchers have developed instruments using different conceptual frameworks. Due to this, the operational definition of resilience has been determined by what researchers consider to be the most important resilience factors.

Rationale for the Study

The Task Force on Impaired Counselors, established in 2003 by the Governing Council of the American Counseling Association, identified the prevention of impairment through building counselor resilience as one of the primary needs among counseling trainees and counseling practitioners (Lawson & Venart, 2003). Despite this early realization of the need to identify and foster the resilience of counseling students and practitioners, few studies have explored the

resilience characteristics of counselor practitioners (Clark, 2009). A literature search revealed no studies that examined the specific resilience characteristics that could prevent master's-level counseling students from experiencing difficulties associated with their work, such as early burnout or vicarious traumatization.

Research on the psychological adjustment of mental health counseling trainees has been conducted from a pathology perspective, using measures that look for psychological impairment. As evidenced by the literature review conducted by De Vries and Valades (2005), it is more common to find studies that look for “what is wrong” with potential mental health practitioners. An example of this is a study that aimed to identify behavioral indicators of impairment among counseling students (Li, Trusty, Nichter, Serres & Lin, 2007). Other examples include studies concerning gate-keeping issues and the mental health status of graduate counseling students (Gaubatz & Vera, 2002), and cluster analysis of non-academic behavioral indicators of student impairment and their use in determining remediation and termination. (Lampe, Li, Lin & Trusty, 2009). My study offers an alternative to focusing on counseling students' areas of incompetence and difficulties by examining their strengths instead of their weaknesses.

Procedure

In this study, the resilience characteristics of master's-level counseling students were examined. Specifically, in this study the researcher explored the level of resilience displayed by counseling trainees in relationship to background variables, risk and protective variables, and counseling-program variables. Master's-level counseling students were selected as participants and were invited to complete an online survey that includes background information, information about participant's risk and protective factors present in their current life and in the past, counseling program information, and the *Resilience Scale* (Wagnild, 1993). The sample included

585 master's-level counseling students at different levels of advancement through the counseling program as well as at different moments in their personal and professional development as counseling trainees.

Research Questions

The research questions examined in this study were:

1. What is the relationship between resilience characteristics and background variables among master's-level counseling students?
2. What is the relationship between resilience characteristics and specific risk and protective variables among master's-level counseling students?
3. What is the relationship between resilience characteristics and counseling program variables in master's-level counseling students?

Assumptions of the Study

This study was based on the general assumptions that resilience is a multi-systemic phenomenon, and that resilience characteristics are present in every individual at different levels and occur across the life span. It was also assumed that resilience as a dynamic factor can be developed, fostered, improved, and facilitated at any time during childhood, adolescence, or adulthood.

Another assumption for this study was that the basic resilience principles regarding individual and environmental protective factors that have been identified for children, adolescents, and adults (social competence, problem solving skills, autonomy, sense of purpose and future, caring relationships, high expectations, and opportunities for meaningful participation) are also applicable to counselor trainees.

It has been assumed for this study as well that master's-level students, like other adults, are expected to face risk factors that could threaten their biopsychosocial homeostasis. According to Bonanno et al. (2006), epidemiological studies indicate that all adults are exposed to at least one major potentially traumatic event in their lifetimes.

An implicit assumption for this study was that master's- level counseling students have the level of personal adjustment necessary to perform effectively as future counselors so it was expected for them to present moderate to high levels of resilience.

Delimitations

In this study resilience is examined as measured by a limited amount of personal factors. As a consequence, resilience characteristics are defined by those specific personal descriptors included in the *Resilience Scale*, which have been reported in previous studies as being present in the life of a resilient or potentially resilient adult.

Another delimitation of this study is that it focuses only on individual resilience characteristics. The instrument used, although widely accepted as an appropriate measurement tool, does not inquire about family, social, or community protective factors.

Due to the fact that this study corresponds to the first wave of resilience inquiry described by Richardson (2002), to describe the presence of specific traits associated with resilience, the results illuminate only the specific level of resilience displayed by the participants without explaining the interaction between risk and resilience factors.

Although some possibilities for generalization may be offered by the fact that participants present similar demographic characteristics and life experiences as other adults, in reality, the results will not be generalizable with confidence beyond the population of master's level counseling trainees.

Finally, the results rely exclusively on self-report. Future research endeavors could include observations by faculty, supervisors, coaches, peers, and other individuals who could account for counseling trainees' level of personal adjustment.

Definition of Terms

Some of the specific terms that have been used throughout this study are:

Adult resilience. This concept describes the ability of adults who are exposed to a highly disruptive event to maintain a relatively stable, healthy level psychological and physiological functioning (Bonnano, 2004).

Adversity. This concept makes reference to any temporary or permanent circumstance or event that has the potential of disrupting the individual's capability to adjust.

International Student. For the purpose of this study, the category "international student" corresponds to any non-native master's-level counseling student who is currently attending graduate school at a counseling training institution in the United States.

Level of advancement. For the purpose of this study, level of advancement through the program describes the time in the program, the classes that a counseling trainee has taken, the number of credits currently taking, and the status in the program (pre-practicum, practicum, internship or post-internship).

Potential for resilience. This concept makes reference to the presence in a person's life of individual, family and social protective factors that, if needed, will facilitate a healthy level of psychological adjustment in the presence of specific adversities.

Pre-practicum. This status in the counseling training program refers to the introductory coursework that students take prior to start the practicum experience. When a student is perceived as being in a pre-practicum level he or she has not started field work.

Post-internship. This status in the counseling training program refers to those master's-level counseling students who have completed their second internship and have not graduated because they still have to complete any necessary credits for graduation.

Role identification. For the purpose of this study, role identification makes reference to the perceived level of identification between the person of the counseling trainee and his or her future perceived role as counselor.

CHAPTER 2

LITERATURE REVIEW

Resilience

The term resilience comes from the Latin *resilio*, which means to bounce back. The concept of resilience originally was used in metallurgy to describe the capability of metals to resist high pressure and to recover their original form when such pressure was eliminated. The term resilience also has been used in medicine to describe the capability that human bones have to grow and to seal after a fracture (Lara Molina et al., 2000). In environmental sciences, resilience describes the ability of an ecosystem to absorb environmental stress without changing its characteristic ecologic patterns. In this context, resilience illustrates the capability of natural systems to recuperate from the adverse effects of humans or nature itself (Holling, 1973). Another example of the use of the term resilience outside the mental health sciences was the nomination of the new buildings at ground zero as the *twin resilient towers* by those who wanted to rebuild them (Cyrulnik, 2001).

The term resilience was adapted to the behavioral sciences to characterize people who, despite being born and living in situations of high risk, are able to develop in psychologically healthy and socially successful ways (Rutter, 1993). The construct *resilience* has changed throughout different studies. During the first phase of research about people who remain well despite adversity, the terms *invulnerable* and *invincible* were used; however, according to Rutter (1993), these terms were found inappropriate because they implied an absolute resistance to damage.

There is no consensus as to a global or specific definition of resilience, in part because researchers appear to choose various operational definitions of the concept depending on their

specific research purpose. In an early attempt to establish a general definition of the term, Masten and Coastworth (1998) defined global resilience as the manifested capability in the context of important challenges for development and adaptation. This means that researchers must make two judgments in order to identify resilience:

1. There has been a significant threat for the individual, which is generally associated with a state of high risk, exposure to adversity, or severe trauma.
2. The quality of adaptation and/or development is good, which means that the individual behaves in a competent way.

Apart from how general or specific the definition of resilience, some authors have focused on different aspects of the construct in order to describe it operationally. Some definitions, for instance, have focused on resilience as a dynamic process. Dyer and McGuiness (1996) viewed resilience as a global term that describes a dynamic process highly influenced by protective factors in which people are able to recuperate from adversity and continue on with their lives.

Other definitions have described resilience based on indicators of success. Luthar and Zigler (1991) suggested that the term resilience is used as a construct that implies successful behaviors manifested despite important stressors and the subjacent emotional tension. It is defined in terms of the social competence manifested by people at risk, which is not necessarily paired with evident mental health.

Resilience has also been described as a psychosocial competency. Inbar (1996) stated that resilience is a psychological construct considered as the capability of enduring crisis and adversities in a positive way; coping with stress, grief and anxiety situations in an effective manner; adapting to unexpected changes; resisting and overcoming obstacles in situations of uncertainty; and creating individual, family and group processes in order to continue reaching

goals after a crisis. In an article written for the Department of Human Sciences magazine at the Universidad Nacional de Colombia, Machuca (2002) described resilience as the integrative and dynamic capability of individuals that allows them to cope successfully with temporary or permanent adversities. Such adversities are seen as factors of transformation and social and psychological success. In his definition, Machuca stressed the dynamic character of resilience and its integrative nature, which makes reference to the fact that resilience does not represent an isolated domain but rather is built from the conjugation of multiple individual and social domains.

A different approach to the definition of resilience presents it in relationship to similar constructs. Foster (1997) distinguishes among coping, adaptation, and resilience. He viewed coping as a complex response to an exhausting or defiant situation that usually has a defensive character. According to him, adaptation is a broader term that moves beyond defensive or protective responses to those oriented towards improving or maximizing environmental adjustment. Foster reserved resilience to describe those positive changes in active or latent coping and the adaptations through several mechanisms that may not be necessarily evident right away, but that become visible after a certain time.

Resilience also has been described as a motivational force. According to Richardson (2002), resilience describes the energy within everyone that drives him or her to pursue wisdom, to gain self-actualization, to incorporate altruism, and to be in harmony with a spiritual source of strength.

A contemporary definition, which encompasses several defining characteristics described above, presents resilience as the ability to respond, to perform positively in the face of adversity, to achieve despite the presence of disadvantage, or to significantly exceed expectations under negative circumstances (Gilligan, 2007).

Although resilience is most often considered a personality characteristic that moderates the negative effects of stress and promotes adaptation, the concept has been also considered as a set of traits, an outcome, or a process (Ahern, Kiehl, Sole, & Byers, 2006),

For the purpose of this proposed study, resilience is defined as an individual's ability in the face of overwhelming adversity to adapt and restore equilibrium to one's life and to avoid the potential deleterious effects of stress (Wagnild & Young, 1993).

Related Concepts

In order to understand the particular realm of human adaptation that resilience encompasses, it is helpful to examine resilience in relationship to similar constructs:

Thriving.

Thriving describes the individual's efforts beyond survival and recovery. The concept of thriving implies that the individual surpasses in some manner a previous level of functioning. The process of thriving encompasses the acquisition of new skills and knowledge, the acquisition of confidence or a sense of mastery, and the enhancement of interpersonal relationships (Carver, 1998). Thriving also has been described as a process of transformation that involves a cognitive shift in response to a challenge (O'Leary, 1998).

Hardiness.

According to Kobasa (1979), hardiness encompasses personal characteristics such as strong commitment to self, an attitude of vigorousness towards the environment, a sense of meaningfulness, and an internal locus of control. Kobasa (1979) described hardiness as a mediating factor between stress and illness that includes three sub-constructs or personality dispositions:

Commitment. This sub-construct is described as the investment of oneself in valued dimensions of life. The commitment disposition makes reference to the individual's tendency to get involved in any task that a person encounters rather than becoming alienated by it. Committed individuals have a generalized sense of purpose that allows them to find meaning in everything and everybody around them (Kobasa, 1979).

Control. This sub-construct refers to the individual's perceived sense of control over what occurs in his or her life. The control disposition refers to people's capability to perceive themselves as exerting influence over life's contingencies rather than feeling helpless about them. This implies the perception that an individual can use imagination, knowledge, skills, and choices in order to influence certain outcomes (Kobasa, 1979).

Challenge. This sub-construct makes reference to the individual's view of change as a challenge. The challenge disposition refers to the individual's perception that change rather than stability is what is normal in life. It also implies a person's openness to see change as an opportunity, as an incentive to grow. When challenge is perceived as stimulating, there is a tendency for people to transform themselves and grow in the face of life contingencies (Kobasa, 1979).

Learned resourcefulness.

This is a concept developed in the area of behavior modification. According to Rosenbaum et al. (1985), learned resourcefulness refers to an acquired repertoire of behaviors and cognitive skills by which a person self-regulates internal responses. Such internal responses determine the course of a desired behavior. The process of self-regulation involves the following steps:

Representation. The individual experiences a cognitive or emotional reaction to changes.

Evaluation. The individual makes a personal assessment of the changes.

Action or coping. The individual acts to minimize the negative effects of change.

Self-efficacy

Self-efficacy is another concept developed in the area of behavior modification. Bandura (1982) described self-efficacy as the individual's judgments of how well he or she can execute courses of action required to deal with prospective situations. There are four sources of judgments of self-efficacy:

Enactive attainments. Refers to the individual's previous experiences of success or failure.

Vicarious experiences. Refers to the experience of seeing others, who appear to be in a similar condition to us, succeed or fail.

Verbal persuasion. Describes the attempts by others to verbally persuade a person to believe in himself or herself. This source of judgment is considered to have a limited effect (Bandura, 1982).

Typologies of Resilience

Wagnild and Young's typology.

Based on early-grounded theory research, Wagnild and Young (1990) identified five underlying characteristics of resilience:

Self-reliance. Self-reliance is defined as the belief in oneself as well as the knowledge of and reliance on personal strengths. It also refers to one's awareness of the limitations and possibilities for survival. People who display self-reliance are often described as survivors.

Meaning. Meaning describes one's realization that life has a purpose. It also implies the recognition that there is a reason for living. People with purposeful lives are recognized for their contributions and usually have a reason that motivates them every day.

Equanimity. Equanimity refers to a balanced perspective of life and experiences. It also refers to the individual's capability to "bend with the wind," to be flexible and accepting of the unchangeable which moderates extreme responses to adversity. People with equanimity are able to see the humorous side of every situation.

Perseverance. Perseverance is the act of persistence despite adversity or discouragement. It implies a willingness to continue the struggle of reconstructing one's life and remain involved in the midst of adversity. It also describes the individual's ability to keep going despite setbacks.

Existential aloneness. This construct refers to the realization that each person is unique and that while some experiences can be shared, others must be faced alone. People who display existential aloneness are autonomous, have a unique perspective in life, and place great value on their personal freedom (Wagnild & Young, 1990).

Benard's typology.

According to Benard (1995), there are four basic individual factors that constitute resilience: social competence, problem-solving skills, autonomy, and sense of purpose and future.

Social competence. In Benard's perspective, social competence includes personal traits like responsiveness. It is especially important that the individual is able to elicit positive responses from others. Another personality trait in this area, which facilitates the person's movement between different cultures and contexts, is flexibility. Other personal traits that have been described by Benard (1995) as defining elements of social competence are empathy, communication skills, and the ability to find a humorous side even in the midst of adversity.

Problem-solving skills. To Benard (1995), problem-solving skills include the ability to plan and to be resourceful in seeking help from others, and the ability to think critically, creatively, and reflectively. A reflective awareness of the structures of oppression represented in adverse family or social circumstances constitutes another source of resilience. Such awareness contributes to the development of a critical consciousness and to the development of proactive strategies to counteract the effects of specific risk factors.

Autonomy. Autonomy is understood as the individual's awareness about his or her own identity as well as the ability to act independently, and ultimately, to be able to take control over his or her environment. This process involves the perception of task mastery, internal locus of control, and sense of self-efficacy. For Benard (1995), the development of resistance, defined as the refusal to accept negative messages about self, constitutes an important component of autonomy. In addition, the capability to establish a healthy distance from dysfunction or detachment also serves as a powerful protector of autonomy.

Sense of purpose and future. Finally, resilience is manifested as having a sense of purpose and a belief in a bright future. This personal trait of resilience also involves being goal oriented, having educational aspirations, and having the motivation to achieve. Other defining elements of personal resilience in this area are persistence, hopefulness, optimism, and spiritual connectedness (Benard, 1995).

Wollin & Wollin's typology.

Wollin and Wollin (1993) presented a classification that includes seven factors of resilience characteristics:

Insight. Insight is the art of asking and responding honestly to oneself. Insight manifests during childhood, as the intuition to know that something or someone is not right in the family. During adolescence and adulthood, insight describes the capability of individuals to know what is going on around them, which is fundamental in the process of understanding and adapting to a situation.

Independence. Independence is defined as the capability to establish boundaries between any adverse environment and oneself. It also refers to the capability to maintain a healthy emotional and physical distance from distressing circumstances.

Relationships. This factor is defined as the capability to establish close, balanced, and satisfactory relationships with others. It is also the aptitude that individuals present to establish social connections, as well as to love and be loved.

Initiative. This resilience factor describes the individual's capability to take charge and control of problems.

Sense of humor. This factor refers to a personal disposition for happiness that allows individuals to move their focus of attention away from tension. This characteristic of individuals

also accounts for their capability to laugh at themselves as well as to find the comic side of tragedy.

Creativity. Creativity is described as the capability to create order, beauty and purpose in the midst of chaos and confusion.

Morality. This factor refers to the individual's disposition to do the right thing, to use one's conscience, and to think of others as well as oneself.

In general terms, the different typologies describe common factors that have been found to be present in the lives of those individuals exposed to short and long term adversity and that have been able to thrive. It also appears that the extension of the categories used to describe individual resilience depend more on how specific or general the authors want to be when describing such characteristics. Authors like Benard (1995) prefer to describe global categories of resilience characteristics; however, when Benard (1995) describes the specific attributes it includes common factors with other authors such as humor (Benard, 1995; Wolling & Wolling, 1993), autonomy (Benard, 1995; Wagnild & Young, 1990; Wolling & Wolling, 1993), and problem-solving (Benard, 1995; Wolling & Wolling, 1993).

Protective Factors

Benard (1995) defined protective factors as those family, school, and community resources that alter or even reverse the maladaptive effects of adverse situations. Such protective factors enable individuals to cope with life stressors and to act resiliently despite adversity. Benard classified protective factors into three categories: caring and supportive relationships, positive and high expectations, and opportunities for meaningful participation.

For Benard (1995), caring and supportive relationships make reference to the importance of having at least one caring person who would provide the unconditional positive regard, support, and compassion necessary for healthy development and effective learning.

The second aspect, Benard's (1995) environmental factors, describes the role of social institutions such as schools in establishing high expectations for individuals, as well as supporting them in their efforts to achieve such expectations. Applied to the context of counselor education, it would mean that professors, supervisors, and coaches have the responsibility of communicating to counselor trainees the message that they are capable of succeeding as counselors. It would seem logical, also, that counseling trainees need to be reinforced in their beliefs about themselves and their future as a necessary condition to foster their self esteem, sense of self efficacy, autonomy, and optimism.

The third environmental protective factor described by Benard (1995) is the need for individuals to have opportunities for meaningful participation. In the case of counseling trainees this aspect of resilience would be translated as the efforts that the counselor education faculty would make to provide them with possibilities to be involved in different aspects of their learning process, as well as the impact that the counseling program could have in the community.

Risk Factors

Initially, the study of resilience emerged from research dedicated to identifying the risk factors associated with a poor functioning or any other undesirable result in people, particularly children and adolescents. These identified risk factors could be variables, mechanisms, or processes. At the same time they could be represented by a temporary high-risk condition, or a recurrent exposure to a severe adversity or trauma (Masten & Coastworth, 1998).

Masten and Coastworth (1998) noted domestic violence, war, and the death of a parent as some of the most significant risk factors for children, adolescents, and young adults. Fonagy, Steele, Steele, Higgitt and Target (1994) added nuclear disasters, wildfires, and being institutionalized to the list of most significant risks.

Rather than environmental risk factors, Murphy and Moriarty (1976) referred to the constitutional vulnerabilities of individuals such as sensory-motor deficits, unusual sensitivity, deviation of the corporal morphology, difficult temper, inherent disposition to being passive, low “projection power,” incapability to “read” others, and low impulse control.

Some other common sources of risk for individuals are:

Socioeconomic Status

Researchers such as Garmezy (1991) have identified multiple risk factors associated with being born and living in conditions of poverty. Specifically, Garmezy mentioned malnutrition, high level of stress, and lower possibilities for self-care.

Developmental Factors

Some researchers have noticed that several types of distressing experiences affect people qualitatively at different times in their lives. For instance, young adults are more typically involved in the acquisition of roles as mothers, husbands, fathers, wives, and employees; while older adults are more likely to be affected by roles like being retired, widowed, or chronically ill (Hughes, Blazer & George, 1988). As a result, for young adults the challenges are normally higher, while the threats and losses are more frequent during older adulthood (Costa, Zonderman & McCrae, 1991).

Sex

Risk factors may differ according to sex at different moments of an individual's life. As stated by Werner (1989), in general, boys are more vulnerable in the first decade of life while girls are more vulnerable during the second decade. During the first decade boys are more vulnerable physically and emotionally than girls. The situation of adversity for boys increases as expected with the presence of risk factors such as poverty, or lack of family balance; to the point that they are more susceptible to being institutionalized if they cannot remain in the home (Werner & Smith, 1992). According to Werner and Smith (2002), until the age of 10 or 11 boys are more adversely affected by the absence of a father and by changes in school. From 11 to 18 years old, the absence of a mother, conflicts with the father, and academic failure are more distressing for boys.

When observing the reason why boys are more vulnerable during the first decade, Rutter (1987) asserted that this has to be understood as a multiple interactive process. Rutter's research was oriented towards establishing group differences between boys and girls when exposed to risk factors such as family dysfunction. Rutter found that boys were more susceptible to developing emotional and behavioral problems than the girls in the same families. He also noticed that boys were more vulnerable to physical problems early in life, and even speculated that boys could have a biological susceptibility parallel to psychosocial risks, perhaps mediated in part by the incidence of neurodevelopmental deterioration in boys. Rutter (1987) cited the work of other researchers who have identified environmental differences between boys and girls. For instance, parents tend to argue more in front of boys than girls (Hetherington, Cox & Cox, 1982). Also, when families break apart, more boys than girls tend to be placed in institutions (Packman, 1986), which increments their risks substantially (Walker, 1981).

Boys also are believed to externalize their stress through oppositional behaviors, which elicit negative reactions from parents, peers, and other adults; while girls tend to deal with stress internally. It is also believed that mothers tend to apply punishment to boys more often than girls, which increases the boys' negative behavior (Maccoby & Jacklin, 1980).

Among girls between two and ten years of age, the more serious risk factors include the death of the mother, a long-absent father, and chronic conflict between parents (Werner & Smith, 1992). During the second decade, however, girls are more vulnerable than boys. As soon as they go through adolescence, girls start to live under the tyranny of the ideal of the "perfect girl" who is expected to be always kind and good (Rogers, 1990).

Certain changes are disadvantageous for the self-esteem and self-efficacy of girls. They can make wrong judgments that could eventually alter the course of their lives in a negative way. For example, Rutter (1987), as well as Werner and Smith (1992), found that girls who get pregnant or marry during adolescence, without having the possibility of planning their marriages or selecting adequate partners, usually end up with problematic husbands who are unsupportive, which overall constitutes a situation of high risk.

It would be expected that some of the patterns that affect adolescent girls and boys differentially and that ultimately represent sources of high risk would be present in the life of young and older adults. In researching current risk factors for adults in relationship to how individuals display resilient characteristics, Bonanno (2004) has looked at the specific threat that situations like natural disasters and terrorist attacks represent to individuals, and more importantly, what protective factors are present in their lives that cushion the effects of adversity.

Resilience Measurement

Several instruments have been developed to measure the construct of resilience, as interest in resilience has increased and research has expanded. Although the majority of the instruments have been developed for the purpose of exploring resilience characteristics of children and adolescents, researchers have produced a significant number of instruments intended to measure the resilience characteristics of adults. Originally, some instruments were intended to measure the related construct of hardiness, but as the appropriateness of the new concept of resilience was being recognized, researchers began to develop more appropriate measures of protective factors.

Adult Resilience Assessment

Typically, the development of measures of resilience with adults has followed a process that includes the identification of resilience characteristics in a particular population, normally accomplished through longitudinal studies and qualitative approaches, followed by the creation of a particular survey that reflects those identified resilience characteristics, and the application and validation of such instruments in different samples of the intended population. For the purpose of this literature review several instruments are described in order to illustrate the different approaches used in the process of measuring adult resilience.

Personal Views Survey III.

Developed by Kobasa (1979), the origins of this version of a hardiness measure date back to 1979. As can be implied by its name, there were two previous versions of the instrument. The *Personal Views Survey* is a 30-item scale using a 5-point rating (from 0 or complete

disagreement to 4 or complete agreement) that measures self-perceived commitment, control, and challenge. Although the original version was used to measure the hardiness of middle and upper-level managers (Kobasa, 1979), the various revisions have been used with different populations.

Resilience Scale (RS).

The Resilience Scale was derived from a 1987 study of 24 older women who had experience a recent loss and had successfully coped with such loss, and a qualitative study of 39 caregivers of spouses with Alzheimer's Disease (Wagnild & Young, 1993). From this qualitative study, Wagnild and Young identified those essential characteristics of resilience, which were further defined and described through a literature review on coping and adaptation (Wagnild & Young, 1993). Wagnild and Young (1993) determined the existence of five components as the basis for their resilience instrument: equanimity, perseverance, self-reliance, meaningfulness, and existential aloneness. According to O'Neil (1999), the items representing the five components belong to one of two factors, personal competence and acceptance of self and life, which measure the construct of resilience. The *Resilience Scale* is a 25-item scale using a 7-point rating (from 1 or strongly disagree to 7 or strongly agree). According to Wagnild and Young (1993), their psychometric evaluations supported the internal consistency reliability and concurrent validity of the scale. Although originally tested with adult subjects, according to Ahern, Kiehl, Sole and Byers (2006), numerous studies have validated that the RS has worked well with samples of all ages and ethnic groups.

Connor – Davidson Resilience Scale (CD-RISC).

The *Connor-Davison Resilience Scale* contains 25 items, each of which is rated on a 5-

point (from 0 or not at all true to 4 or true nearly all the time) scale with higher scores reflecting more resilience (Connor & Davidson, 2003). The scale asks respondents to identify their perceived adaptive strategies in stressful situations with the aim of identifying resilience characteristics. Derived from the Kobasa's (1979) work on hardiness, the CD-RISC explores the individual's perception of control, challenge, and commitment. It also explores adaptability, and previous experiences of success and achievement (Connor & Davidson, 2003). Ahern et al. (2006) mentioned three studies using the CD-RISC in the literature, using samples of patients with psychiatric disorders.

Resilience Scale for Adults (RSA).

The RSA is a 33-item, 5-point semantic differential scale. The scale is intended to measure the interpersonal and intrapersonal protective resources that promote adult resilience. The RSA contains five factors: personal competence, social competence, family coherence, social support and personal structure. The RSA is a valid and reliable measure in health and clinical psychology to assess the presence of protective factors important to regaining and maintaining mental health. Scores in the *Resilience Scale for Adults* vary from 33 to 165 with higher scores reflecting higher levels of resilience (Friborg, Hjemdal, Rosenvinge & Martinussen, 2003).

Baruth Protective Factors Inventory (BPFI).

The *Baruth Protective Factors Inventory* is a 16-item, 5-point (from 1 or strongly disagree to 5 or strongly agree) Likert Scale. The *BPFI* measures the construct of resilience by assessing four primary protective factors: adaptable personality, supportive environments, fewer stressors, and compensating experiences (Baruth & Carroll, 2002). The inventory produces an

overall resilience score (with a possible high of 80 and a low of 16), as well as scale scores (with a high of 16 and a low of 4) for each of the four protective factors (Baruth & Carroll, 2002).

Other instruments reported in the literature on resilience measurement include the *Personal Resilience Questionnaire and Organizational Resilience Questionnaire* (ODR, 1994), the *Resilience Questionnaire* (Fouts, Latosky, Quinney, & Knight, 2000), the *Multidimensional Trauma Recovery and Resilience Scale - MTRR-99* (Liang, Tummala-Narra, Bradley & Harvey, 2007), the *Suicide Resilience Inventory SRI-25* (Rutter, Freedenthal & Osman, 2008), and the *Brief Resilience Scale* (Smith, Dalen, Wiggins, Tooley, Christopher & Bernard, 2008).

Resilience Research

The scientific study of individuals who survive and who thrive despite adversity started more than 50 years ago when researchers discovered that children and adolescents exposed to temporary or permanent risks did not necessarily follow a maladaptive pattern in life (Werner, 1989). This line of discovery prompted researchers to believe that, by looking at particular risks such as poverty, parental mental illness, domestic violence, abuse, and neglect, and their effects on children and adolescents, they could also examine those elements that cushion the adverse effects of these situations.

The idea that positive outcomes could still be expected from children and adolescents at risk represented a shift in the process of studying their mental health. It became necessary for researchers to recognize that resilience as a dependent variable would increase or decrease as a function of the interaction between risk and protective factors (Egeland, Carlson, & Sroufe, 1993; Garmezy, 1995; Masten, 1994).

The classic study on resilience is a longitudinal study done by Werner (1989) on the island of Kauai, Hawaii. The study involved 698 participants. Data collection started before the

participants were born and the researchers followed them until they reached 32 years of age. Werner's study documented the course from the time participants were in the mother's uterus to adulthood and was aimed at determining the long-term consequences of prenatal complications and exposure to adverse conditions like poverty in the individual's development and adaptation to life. The Kauai study demonstrated the existence of specific protective factors such as a person in the individual's life who was perceived as an unconditional support and who mitigated the effects of cumulative risks (Werner, 1989).

In some contemporary studies with adults, the focus of attention has been on exploring the resilience traits of individuals impacted by exposure to specific risks. According to Bonanno, Galea, Bucciarelli and Vlahov (2006), the most explicit and systematic research on adult resilience has focused on the death of a spouse. They cited several studies to demonstrate that even a short time after the loss of a spouse, many bereaved individuals exhibit few or no overt symptoms of psychopathology and present a close to normal level of functioning.

Susuki, Geffner and Bucky (2008) examined the resilience and protective factors of adults who were raised in a family where intimate partner violence was present. Results of this qualitative study diverged from the expected intergenerational cycle of violence, as not all children exposed to intimate partner violence reproduced the patterns of abuse in their adult relationships.

A different study explored the resilience factors associated with female survivors of child sexual abuse (Valentine & Feinauer, 1993). The results indicated that the main resilience factors among female survivors of sexual abuse included: the ability to find support outside of the family; self-regard or the ability to think well of oneself; spirituality; external attribution of blame and cognitive style; and inner-directed locus of control.

Humphreys (2003) used the *Resilience Scale* to study the resilience of sheltered battered women. The findings from this study suggested that women who reported higher levels of resilience reported fewer and less intense symptoms of physical and psychological distress.

Bonanno et al. (2006) explored the prevalence of resilience in the aftermath of the September 11th terrorist attack in New York. A total of 2,752 participants were contacted by phone six months after September 11. The researchers assessed posttraumatic stress disorder symptoms (PTSD) using the National Women's Study module. The results from this study indicated that 65.1 % of the adult participants demonstrated a significant level of resilience, specifically defined as one or zero PTSD symptoms. Although the level of resilience correlated negatively with the level of exposure, resilience was always present in at least one third of the individuals.

Moorhouse and Caltabiano (2007) examined adult resilience in the context of the adversity of unemployment. Using the *Resilience Scale*, the authors collected information from 88 participants who were unemployed and engaged in job search activities. The results indicated that unemployed persons who had resilience qualities experienced less depression, even in those circumstances in which they had been job searching for a long time.

Some studies on resilience have addressed the specific characteristics of diverse multicultural groups and their response to adversity. Using the *Resilience Scale*, Canaval, Gonzalez and Sanchez (2007) examined the relationship between spirituality and resilience among Hispanic women who had experienced domestic violence. The results from this study indicated that although spirituality and resilience were two separate phenomena, spirituality was highly correlated to the women's capability to cope with violence by their partner. Spirituality among Hispanic battered women was found to be a very important resource, particularly because

it helped them to initiate and to maintain a process of change conducive to the resolution of family conflict.

Munro and Edward (2008) looked at the resilient coping skills of gay men caring for others with HIV-AIDS. This qualitative study recruited a total of 12 participants from different venues. Using a semi-structured interview, researchers identified several coping mechanisms among resilient caregivers: resilient caregivers described themselves as being more fortunate which allowed them to be compassionate rather than angry; resilient caregivers use humor as a way to manage and cope with life's difficulties; in coping with the last phase of AIDS, resilient caregivers made a transition from a sexual relationship to one where caring became the focus; and finally, resilient caregivers established personal ways of saying goodbye and developed their own ways of remembering the loved ones.

Using a model that included three variables that reflected the cultural orientation of African Americans (religiosity, racial pride, and time orientation), Utsey, Hook, Fisher and Belvet (2008) tested the hypothesis that cultural orientation would predict ego-resilience, optimism, and subjective well being in a sample of 215 African American college students. The data gathered in this study indicated that religiosity and racial pride positively predicted psychological resilience and wellbeing. Time orientation (described as the way that individuals and cultures understand, experience and relate to their past present and future) negatively predicted psychological resilience and wellbeing.

Other researchers have examined the resilience characteristics of adults in later life. Fuller-Iglesias, Sellars and Antonucci (2008) collected information from the Social Relations and Health Study data set to examine factors that may promote resilience in old age. Using network size and spousal quality relations as indicators of social relations, the authors demonstrated that

social relations as a protective factor was negatively correlated with depressive symptoms and positively correlated with life satisfaction.

A significant line of research has studied the resilience characteristics of professionals who are exposed to highly stressful jobs. Gillespie, Chaboyer, Wallis and Grimbeek (2007) examined the relationship of perceived competence, collaboration, control, self-efficacy, hope, coping, age, experience, education, and years of employment to resilience in operating room nurses. Using a nationally representative sample of 2860 Australian nurses, the results from this study indicated that the variables of hope, self-efficacy, coping, control, and competence explained resilience at statistically significant levels. Age, experience, education and years of employment did not contribute to resilience at statistically significant levels.

In a qualitative study of hospice nurses' experience of work, Ablett and Jones (2007) studied resilience and wellbeing in palliative care staff. The authors found that being a resilient hospice nurse was related to an active choice to work in this profession, past personal experiences that influenced care-giving, personal attitudes towards care-giving, personal attitudes towards life and death, awareness of own spirituality, personal attitudes towards work, aspects of job satisfaction, aspects of job stress, ways of coping, and personal/professional issues and boundaries.

A series of studies on resilience have examined the resilience characteristics of higher education students. Keith, Byerly, Floerchinger, Pence and Thornberg (2006) studied the deficit and resilience perspectives on performance and campus comfort of adult students. Data collected from 138 participants suggested the existence of a resilience model of academic performance. According to this model, adult students may draw strength and receive support from their accumulated roles (as parents, partners, workers, etc.) that positively influence their

academic outcomes. An interesting finding of this study was that among adult students, only support from professors fostered campus comfort, followed by expectations for and demands of class work and academic performance.

Peralta, Ramirez and Castano (2006) examined the resilience factors associated with academic performance among college students. The results obtained from a sample of 365 participants indicated that there are statistically significant differences between students with high and low academic performance. Specifically, students classified in the high academic performance group presented more resilience factors than those in the low academic performance group.

In a study to explore psychopathology and anticipatory transference of resilience among New Orleans medical students post- Katrina, Ginzburg and Bateman (2008) collected information from 62 first and second year medical students. The resilience factors identified included organizational identification, group cohesiveness, goal oriented behavior, and the use of anticipatory transfer of resilience. Anticipatory transfer of resilience was defined as the transfer of resilience from predictable psychological stressors to unpredictable ones (Ginzburg & Bateman, 2008). Inclusion in an established organizational structure (medical school) and the ability to identify oneself in a well-defined role (medical student) appeared to provide significant psychological resilience.

Parinyaphol and Chongruksa (2008) studied 1148 Thai and Muslim students in order to understand resilience factors during a time of insurgence and terrorism. The study also examined students' resilience with respect to ethnic identity, GPA, faculty enrollment, and birth order. Using a resilience scale based on Grotberg's three features of resilience (I have, I am, and I can), the results revealed that respondents demonstrated resilience at moderate levels without

meaningful differences between Thais and Muslims. The data also indicated that the two resilience features of “I Have” or personal resources, and “I am” or understanding of self were significantly different among respondents. Academic achievement, field of study, and birth order were found to have a significant influence on resilience.

Another study on adult resilience described the resilience characteristics of master’s-level international students. Wang (2009) examined the relationship among resilience characteristics, background factors, and adjustment problem areas of international students. His study, which involved the participation of 289 students from two universities and several academic programs, demonstrated how resilience characteristics are central in the process of adjustment of master’s-level international students. According to Wang, resilience characteristics were moderately correlated with background factors, and highly negatively correlated with adjustment problem areas.

Clark (2009) conducted one of the very few studies of resilience involving counseling practitioners. Using a grounded theory methodology, Clark examined the process of remaining resilient in the practice of marriage and family therapy. The participants were eight licensed marriage and family therapists with an average of 22.6 years of experience in the field. The final explanatory concept for the resilience displayed by these participants was the integration of self and practice; two main concepts that were associated with remaining resilient in the profession were career development and practice of therapy. For these counseling practitioners, career development followed a consistent trajectory that included an initial decision to become a therapist, agency work, a move towards flexibility in the work environment, various career course corrections, a reliance on many different relationships, and intentional training experiences. In the practice of therapy participants reported intense enjoyment in their work, the

use of strategies for managing stress, the capability to create supportive working environments, and finding meaning and purpose. The most significant finding of this study was that an ongoing integration of the therapist's self with the practice of the art of therapy constituted a necessary condition to remain a resilient practitioner.

Family Resilience

The concept of family resilience represents a valuable framework for research, intervention, and prevention (Von Eye & Schuster, 2000). In the study of family resilience, key interactional processes are identified as protective factors that enable the family unit to withstand and rebound from crises and challenges (Hawley, 2003). Family resilience theory emphasizes the role that family characteristics, behavior patterns, and capabilities play in mediating the impact of stressful life events and in assisting the family to recover from crises (McCubbin, McCubbin, & Thompson, 1996).

According to McCubbin and McCubbin (1998), family resilience refers to the dimensions, characteristics, and features of families that allow them to be resistant to disruption in the face of change, as well as to be adaptive in the face of crisis situations. This definition of family resilience was derived from the Resilience Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996). This model includes the following assumptions: families experience stress and hardship as a predictable aspect of family life; families possess strengths and develop competencies to protect and assist in the process of recovery from stressors and to foster the family's recovery after a crisis; families benefit from and contribute to support networks in the community during periods of family crisis; families search for meaning, purpose, and develop a shared perspective that allows them to move forward as a group; and families faced with major stressors seek to restore balance in the midst of adversity.

The Resilience Model of Family Stress, Adjustment and Adaptation describes two phases of a family's responses to stress. In the adjustment phase, the family makes minor adjustments to cope with demands, causing the least possible disruption to the family structure. The adaptation phase, which occurs upon the advent of a family crisis, involves the functioning of recovery factors that reflect the ability of the family to adapt in a crisis situation (McCubbin, Balling, Possing, Frierdich, & Bryne, 2002).

McCubbin et al. (1997) reported ten general resilience factors identified in families under stress: family problem-solving, communication, equality, spirituality, flexibility, truthfulness, hope, family hardiness, family time and routine, social support, and health.

School Resilience

The topic of school resilience is of importance in studying the resilience characteristics of master's-level counseling students because both the educational institution and the program of studies represent a significant source of protective factors for students in attending to the particular challenges of their own lives and those of the counseling profession. Schools and classrooms have received obvious attention as places where protective factors as well as interventions to promote resilience can occur.

There is a consistent pattern among researchers in their description of organization and behavioral characteristics of schools that promote resilience and successfully teach individuals. It is reported that teachers at resilience-fostering schools interact more frequently with students. Students at resilience-fostering schools work more independently, express more satisfaction with the school requirements and interaction with their peers, and have high expectations and motivation. Additionally, students from schools that foster resilience display good self-concepts, both socially and academically (Wang, Haertel & Walberg, 1998).

Among the specific variables reported by Wang et al (1998) as mediators in the resilience process of students are:

Teachers' Actions and Expectations

Teachers act as an important protective mechanism for students through their capability to facilitate adaptation in stressful situations. They help students to develop the values and attitudes necessary to be persistent in reaching their personal and professional goals. They also support students in their academic development and have a primary role in the consolidation of interpersonal relationships among peers. It can be assumed that university teachers foster the resilience of counseling trainees through the promotion of a sense of competence and positive self-concept among students.

The Role of Curriculum and Instruction

A model centered in the connection between the student's program of study and learning experiences outside of the classroom appears to facilitate student's resilience. Multicultural sensitivity of teachers, as well as the implementation of learning experiences that correspond to students' individual and cultural differences, are preferred. It is equally important in promoting trainee's resilience that instructors use materials, evaluations, and topics that are culturally sensitive. For a counselor education program this means that the program of study should include experiential exercises in the classroom that are accompanied by opportunities to practice outside of it, and reading materials and exercises that recognize the multicultural differences among students. Being culturally sensitive would mean, for instance, that a counselor educator would facilitate opportunities for African American, female, gay, international, or disabled students to use the reality of their situations and cultural identities as the basic referent for the acquisition of

knowledge and skills as counselors. Students working under this perspective will ideally learn the specifics related to the art of counseling as an African American counselor, as a gay or lesbian counselor, as a disabled counselor, as an international counselor, and/ or as a male or female counselor.

Organization and School Climate

There is significant evidence that schools that create a sense of involvement and belonging among their students are conducive to minimizing students' feelings of alienation and dissatisfaction. Social relationships that are excessively hierarchical and impersonal at school increase students' sense of alienation and dissatisfaction. Small schools tend to be more nurturing and inclusive while large schools tend to isolate individuals with personal problems and learning problems.

Peer Interactions.

Peer interactions provide a network that facilitates the personal and professional development of students. They also provide a source of protection from stress, given the opportunities for consistent support. Peers also can have a significant impact on a student's perception, academic competence, and attitude towards school. Opportunities to interact with students with high motivation for achievement and high self-concept are beneficial for students. Mentoring programs, extracurricular activities, cooperative learning systems, and group work provide opportunities for students to develop friendships and sources of support.

When present, these variables help the school to become an active agent in fostering the resilience of students. For students whose individual and social lives do not offer access to consistent support, school can become an alternative to the damaging effects of adversity.

Community Resilience

Norris, Stevens, Pfefferbaum, Wyche and Pfefferbaum (2008) define community resilience in terms of the capability of a social group to respond to a disaster situation. Specifically, community resilience is defined as a process linking a network of adaptive capacities to adaptation after a disaster or disturbance.

Community resilience also has been defined in a way similar to individual resilience, as the ability to recover from or adjust easily to misfortune or sustained life stress (Brown & Kuling, 1996). Other definitions include: the ability to deal with a state of continuous long term stress; the ability to find unknown inner strengths and resources in order to cope effectively; the overall measure of adaptation and flexibility (Ganor, Ben-Lavy, 2003); and the capability to bounce back and to use physical and economic resources effectively to aid recovery following exposure to hazards (Paton, Millar & Johnston, 2001).

Some definitions of community resilience have stressed the importance of community structures and resources. Sonn and Fisher (1998) defined it as the process through which mediating structures (schools, peer groups, family) and activity settings (church groups, family networks) moderate the impact of oppressive systems. Ahmed, Seedat, Van Niekerk and Bulbulia (2004) described community resilience as involving the development of material, physical, socio-political, socio-cultural, and psychological resources that promote safety of residents and buffer adversity. Other authors have presented it as the community's capacities, skills, and knowledge that allow it to participate fully in recovery from disasters (Coles & Buckle, 2004), and the ability of community members to take meaningful, deliberate, collective action to remedy the impact of a problem, including the ability to interpret the environment, intervene, and move on (Pfefferbaum, Reissman, Pfefferbaum, Klomp & Gurwitch, 2005).

Summary

Although the different authors do not seem to have a consensus as to a specific definition of resilience, the construct as presented in this literature review maintains a general common feature: a positive response of adaptation despite adversity (Gilligan, 2007; Rutter, 1993; Wagnild & Young, 1993). There are also multiple ways of classifying individual resilience characteristics. Such classification depends on the researcher's focus as well as the specific variables involved in the studies (Benard, 1995; Bonano, 2006; Wagnild & Young, 1990; Wolling & Wolling, 1993),

Multiple instruments are used to measure the resilience characteristics of adults. For the purpose of this literature review we have examined those instruments that are more frequently employed in contemporary research and that appear to present better validity and reliability features (Baruth & Carroll, 2002; Connor & Davidson, 2003; Kobasa, 1979; Wagnild & Young, 1993).

In terms of resilience research, the literature review shows that the focus has been primarily on individuals affected by short and long-term adversity. Typically, such adversity has been represented by personal challenges (such as illness, disabilities, losses), natural disasters, diverse social problems (such as poverty, violence, terrorism); as well as family and community problems. A very small body of research has explored the resilience characteristics of professionals exposed to high levels of stress, which make them more susceptible to burnout.

In the counseling profession, despite clear recommendations for the adoption of wellness oriented measurement tools and the increased call for fostering the resilience of counseling practitioners (Lawson & Venart, 2003), no studies have explored the specific ways in which master's level counseling students are coping with not just the personal challenges they face in life, but even more importantly, how capable are they of coping with the challenges of their future careers as counselors.

CHAPTER THREE

METHODOLOGY

Introduction

In this chapter the purpose of the study, participants, instruments, variables, research questions, and data analysis plan are presented. The independent, dependent, moderating and mediating variables are presented, as well as the rationale for the statistical analyses.

Purpose of the Study

The purpose of this study was to examine the resilience characteristics of master's-level counseling students. Specifically, the level of resilience displayed by counseling trainees in relationship to background variables, risk and protective variables, and counseling-program variables was explored.

Participants

A total of 1000 students were contacted directly through a list of e-mail addresses purchased from the American Counseling Association. In addition, an internet search of master's-level counseling training programs produced a list of 300 key contacts (department chairs, program chairs, professors) who were requested to distribute the survey to their master's-level counseling students. A total of 585 master's-level counseling students completed the survey. Participants were at different levels in the program of study: pre-practicum, practicum, or internship. Participants represented a broad sample of students in training based on known demographics from the American Counseling Association (ACA).

Characteristics of the Sample.

The target population for this study was master's-level counseling students. Participants included student members of the American Counseling Association (ACA), as well as those students reached by the e-mails sent to key contacts at counselor training programs around the country. It is not possible to estimate the return rate because the number of students reached through the key contacts is unknown. A total of 585 usable surveys were returned. A total of 612 master's-level counseling students started the survey and 587 finished it for a 95.5% completion rate. Two surveys were discarded because the *Resilience Scale* was not completed. Some surveys contained items that were not completed so the number of responses to individual items varies.

Participants' age ranged from 21 to 75 years old, with a average age of 30.96; the mode was 23 years ($SD = 9.6$). Frequency distributions for participant age are presented in Table 1.

Table 1

Frequency Distribution of Participants by Age

Age	f	%
21	4	.7
22	45	8.0
23	63	11.2
24	46	8.2
25	58	10.3
26	42	7.4
27	48	8.5
28	22	3.9
29	17	3.0
30	17	3.0
31	16	2.8
32	13	2.3
33	16	2.8
34	3	.5
35	10	1.8
36	12	2.1
37	10	1.8
38	11	2.0
39	11	2.0
40	6	1.1
41	15	2.7
42	4	.7
43	6	1.1
44	6	1.1
45	4	.7
46	4	.7
47	9	1.6
48	6	1.1
49	3	.5
50	2	.4
51	8	1.4
52	4	.7
53	2	.4
54	1	.2
55	3	.5

Table 1 continued

Age	f	%
56	2	.4
57	3	.5
58	2	.4
59	2	.4
61	3	.5
62	1	.2
63	2	.4
64	1	.2
75	1	.2
Total	564	100.0

The majority of the participants were female (87%). In Table 2, descriptive statistics for the participants' sex are depicted.

Table 2

Frequency Distribution of Participants by Sex

Sex	f	%
Female	504	87.0
Male	75	13.0
Total	579	100.0

Participants were asked their marital status. The most frequently reported marital status was single (44.4%), followed by those who self reported as being married (34.2%).

Additionally, 12.3% of the respondents reported being partnered, 7.4% reported being divorced, 1% identified themselves as separated, and 0.7% as widowed. In Table 3, participants' marital status is presented.

Table 3

Frequency Distribution of Participants by Marital Status

Marital Status	f	%
Divorced	43	7.4
Partnered	72	12.3
Married	200	34.2
Separated	6	1.0
Single	260	44.4
Widowed	4	.7
Total	585	100.0

The vast majority of the participants were European American/White (78.8%). African Americans/Black comprised 8% of the respondents, and 7.7% identified themselves as Latino/Hispanic. Asian/Asian Americans comprised 2.4% of the sample, and 0.2% identified themselves as Native American. Middle Easterners represented 0.3% of the sample. Those who identified themselves as "Other" represented 2.6% of the participants and included self-

descriptors such as Biracial, Mixed, Celtic, Multi-racial, and Italian American (See appendix E for a complete list). In Table 4, the descriptive statistics for the participants' ethnicity are presented.

Table 4

Frequency Distribution of Participants by Ethnicity

Ethnicity	f	%
African American	47	8.0
Asian/Asian American	14	2.4
European American/White	461	78.8
Latino/Hispanic	45	7.7
Native American	1	.2
Middle Easter	2	.3
Other	15	2.6
Total	585	100.0

Participants were asked to state their highest degree received. Nearly half (44%) of the respondents reported that they had obtained a Bachelor of Arts, and 34% had obtained a Bachelor of Science. Those participants who reported having a Master of Arts accounted for 8.4% of the sample. Other groups represented in the sample were those who had obtained a Master of Science (4.1%), or Master of Education (4.3%). Only 0.7% of respondents reported

having a doctorate degree. Those who selected the “Other” category represented 3.8% of the sample and their typical responses included BBA, MBA, BFA, and BLS (see Appendix E for a complete list). In Table 5, the descriptive statistics for participants’ highest degree received are presented.

Table 5

Frequency Distribution of Participants by Highest Degree Received (HDR)

HDR	f	%
Doctorate	4	.7
Master of Arts	49	8.4
Master of Science	25	4.3
Master of Education	24	4.1
Bachelor of Science	201	34.4
Bachelor of Arts	260	44.4
Other degree	22	3.8
Total	585	100.0

In terms of their current household income, 18.8% of participants reported earnings under \$10,000, followed by those who reported an income of over \$75,000 (17.8%). A total of 16.4% of respondents reported a household income between \$50,000 and \$74,999. Other income

categories reported by respondents situated their income between \$10,000 and \$19,999 (13.5%); \$30,000 and \$39,999 (13.1%); \$20,000 and \$29,999 (11.6%); and \$40,000 and \$49,999 (8.8%).

Descriptive statistics for participants' current household income are presented in Table 6.

Table 6

Frequency Distribution of Participants by Current Household Income

Household Income	f	%
Under \$10,000	109	18.8
\$10,000 - \$19,999	78	13.5
\$20,000 - \$29,000	67	11.6
\$30,000 - \$39,000	76	13.1
\$40,000 - \$49,999	51	8.8
\$50,000 - \$74,999	95	16.4
Over \$75,000	103	17.8
Total	579	100.0

Participants were asked to identify their employment status. The vast majority of the respondents classified themselves into three main groups: those who are employed part-time (39.7%), those employed full-time (31.2%), and those unemployed (23.2%). Among the remaining choices, 1.9% of participants reported having more than one job, and 4% of

respondents reported being self-employed. In Table 7, descriptive statistics of participants' employment status are presented.

Table 7

Frequency Distribution of Participants by Employment Status

Employment Status	f	%
Not employed	134	23.2
Employed part-time	229	39.7
Employed full-time	180	31.2
Self-employed	23	4.0
More than one job	11	1.9
Total	577	100.0

Participants described their living situation. The largest percentage of the respondents (24.3%) reported that they live with their spouse, followed by those who reported living alone (18.5%), or living with friends (16.6%). Of the remaining options, 5% reported that they live with children, and 11% reported that they live with relatives. A new category was reported based on participants' responses to this multiple-choice item. This category was "living with spouse and children" and represented 12.5% of the sample. Those who reported their living situation as "other" described living arrangements that typically included living with boyfriend or girlfriend,

living with fiancé, living with roommate, and living with parents (see Appendix E for a complete list). In Table 8, the descriptive statistics of participants' living situations are presented.

Table 8

Frequency Distribution of Participants by Living Situation

<u>Living Situation</u>	<u>f</u>	<u>%</u>
Live alone	108	18.5
Live with spouse	142	24.3
Live with children	29	5.0
Live with friends	97	16.6
Live with relatives	64	11.0
Live with spouse and children	73	12.5
Other	71	12.2
Total	584	100.0

In terms of sexual orientation, the vast majority of participants identified themselves as being heterosexual (88.5%), while 5.8% of respondents self-reported as being bisexual, 3.4% of participants identified themselves as being lesbian, 1.9% as being gay, and 0.2% as transgender. Those who selected the “Other” category represented 0.2% of the sample. The explanation offered in the “other” category was: “possible interested in women but have not acted on it yet”.

An additional participant commented on this response without selecting the “other” category, stating: “prefer to think about myself as just sexual without having to pick a team.” The descriptive statistics of respondents’ sexual orientation are presented in Table 9.

Table 9

Frequency Distribution of Participants by Sexual Orientation

Sexual Orientation	f	%
Heterosexual	517	88.5
Lesbian	20	3.4
Gay	11	1.9
Bisexual	34	5.8
Transgender	1	.2
Other	1	.2
Total	584	100.0

Respondents reported their status as international students. The vast majority of the respondents reported that they are not international students (98.3%) in comparison to those who responded affirmatively to this item (1.7%). The descriptive statistics for respondents’ international student status are presented in Table 10.

Table 10

Frequency Distribution of Participants by International Student Status

International Student	f	%
No	574	98.3
Yes	10	1.7
Total	584	100.0

Instruments**Demographic Survey**

A researcher-developed survey was used to collect general demographic information about participants. The survey was used to establish group comparisons based on three types of variables: background variables such as age, gender, marital status, ethnicity, education, income, employment, living situation, sexual orientation, and country of origin; counselor education program variables such as primary field of study, number of credits taken, academic status, professional affiliations, supervision status, counseling courses taken, role identification with the counseling profession, and accreditation; and risk and protective factors variables such as poverty, natural disasters, and terrorism, as well as perceived support, school expectations, and community involvement.

Resilience Scale (RS)

The *Resilience Scale* was created based on a qualitative study of older women who presented signs of positive adaptation to a major life event, and on a comprehensive literature review of resilience (Wagnild, 1993, 1990). The *Resilience Scale* consists of 25 items reflecting five characteristics of resilience: self-reliance, perseverance, equanimity, meaningfulness, and existential aloneness (Wagnild, 2009). The scores range between 25 and 175 with scores greater than 145 indicating moderately high to high resilience, scores between 125 and 145 indicating moderately low to moderate levels of resilience, and scores below 125 indicating low resilience.

Although the *Resilience Scale* was validated with older women initially, it has been found to be psychometrically sound for use with different populations and different ages (Ahern et al., 2006, Wagnild & Young, 1993). In a recent review of 12 studies that used the *Resilience Scale*, Wagnild et al. (2009) found that its internal consistency was high, with Cronbach's alpha coefficients ranging from .85 to .94. The populations for these studies included at risk adolescents, adult Irish immigrants to U.S., mothers with preschool children, sheltered battered women, single adolescent mothers, homeless adolescents, young military wives, and middle aged and older adults (Wagnild, 2009).

Concurrent validity of the *Resilience Scale* has been assessed by correlating RS scores with measures of life satisfaction ($r = 0.37, p = 0.001$), depression ($r = -0.41, p = 0.001$), morale ($r = 0.32, p = 0.001$), and health ($r = -0.26, p = 0.001$).

The evidence suggests that the *Resilience Scale* is a simple and reliable instrument to measure resilience. A recent review of studies using the *Resilience Scale* also demonstrates that this is a valid instrument for measuring the level of individual resilience in a variety of populations (Wagnild & Young, 2009).

The permission to use this instrument was obtained through the author's website upon acceptance of the terms of use (See Appendix F).

Procedures

Students were contacted via e-mail using counseling program's electronic mailing lists, counselor education program web pages, and key contacts (department chairs, program chairs, professors, and other key contacts at different counseling departments). In addition, a list was purchased of 1000 e-mail addresses of student members of the American Counseling Association. Once identified, participants were invited to respond to a demographic survey and a resilience questionnaire. Using Survey Monkey™, a web-supported survey was created to collect the information from students located throughout the United States.

Once the raw data were collected the original responses were converted to numerical data to facilitate statistical analyses using the *Statistical Package for Social Sciences* (SPSS) version 18. Surveys missing the *Resilience Scale* section were eliminated from the sample. Responses missing in the demographic, training program, and risk and protective variables section were coded as "none" for the purposes of data analyses. Because it was very important for the purpose of this study to determine the participant's total resilience score, any missing responses in the *Resilience Survey* were completed using an average value from the actual items completed. A maximum of three missing scores was determined as the criterion to have a valid score. The practice of averaging the scores to complete missing data was supported by Wagnild (personal communication, October 18, 2010).

Independent Variables, Dependent Variables

Independent Variables.

Three groups of independent variables were examined in this study.

Background variables. This group of variables included age, gender, marital status, ethnicity, education, income, employment, living situation, sexual orientation, and international student status.

Risk and protective variables. This group of variables included individual factors (substance abuse); family factors (domestic violence, parental mental illness, divorce, abuse, death of a parent), community factors (community involvement, resources), and environmental factors (poverty, natural disasters, terrorism, war, violence, wildfires, and institutionalization).

Counseling-program variables. This group of variables included primary field of graduate study (counselor education, counseling psychology, mental health counseling, school counseling, rehabilitation counseling, and spiritual counseling), type of program (CACREP-accredited, non-CACREP-accredited), level of advancement (number of credits, time in the program, specific classes taken), status (pre-practicum, practicum, internship, post-internship), supervision, role identification, and participation in extracurricular activities (student organizations, professional affiliation, conference attendance and/or presentations, participation in research studies),

Dependent Variables

The overall dependent variable was level of resilience. Specifically, the dependent variables were the total resilience score and the five resilience subscale scores of the respondents as measured by the *Resilience Scale*. Each subscale includes five items. The subscale scores as presented by Wagnild and Young (1993) include:

1. Equanimity. Described as a balanced perspective in life.
2. Meaningfulness. Defined as a sense of purpose in life.
3. Perseverance. Explained as the ability to keep going despite setbacks.
4. Existential aloneness. Defined as the recognition of one's unique path and the acceptance of one's life.
5. Self-reliance. Described as the belief in one's self and capabilities.

Data Analysis Plan

The general research questions and their corresponding research hypotheses examined in this study are:

1. What is the relationship between resilience characteristics and background variables in master's-level counseling students?
 - H1: Resilience characteristics are significantly associated with the background variables of age, sex, marital status, ethnicity, education, income, employment, living situation, sexual orientation, and international student status.

Descriptive statistics were computed to describe the overall level of resilience, as well as important characteristics of the sample distribution. Pearson product moment correlations for continuous variables and Spearman correlations for discrete variables, as well as t-test for dichotomous variables and one-way ANOVAs for multiple group comparisons, were performed among resilience characteristics and background variables. To minimize the potential for a Type I error, a conservative *p* level of .01 was used. All ANOVAs were tested to establish that the three main assumptions were met. In this case all observations were independent, variances on the dependent variables were equal across groups. Because the data were comprised of different size groups, a Levene test of homogeneity of variances was performed for all ANOVAs. The

Levene test was not significant for all the ANOVAs reported for this hypothesis except one and the appropriate note was included in the results.

2. What is the relationship between resilience characteristics and specific risk and protective factors in master's-level counseling students?
 - H2a: Resilience characteristics are significantly associated with specific risk factors such as poverty, natural disasters, terrorist attacks, and war.
 - H2b: Resilience characteristics are significantly associated with the specific protective factors of the existence in one's life of a person who provides unconditional positive regard, support, and compassion; a school that establishes high expectations; and the existence in one's life of opportunities for meaningful participation in the community.

Pearson product moment correlations for continuous variables and Spearman correlations for discrete variables, as well as t-tests for dichotomous variables and one-way ANOVA analyses for multiple group comparisons, were performed among resilience characteristics and specific risk and protective variables. To minimize the potential for a Type I error, a conservative p level of .01 was used. All ANOVAs were tested to establish that the three main assumptions were met. In this case all observations were independent, variances on the dependent variables were equal across groups. Because the groups were of different sizes, a Levene test of homogeneity of variances was performed for all ANOVAs. The Levene test was not significant for all the ANOVAs reported for this hypothesis so the equal variances assumption was not violated.

3. What is the relationship between resilience characteristics and counseling program variables such as primary field of graduate study, number of credits earned, status in the program, professional affiliation, supervision, classes taken, role identification,

participation in extracurricular activities, and CACREP/CORE-accreditation in master's-level counseling students?

- H3: Resilience characteristics are significantly associated with counseling-program variables of primary field of graduate study, number of credits, status in the program, professional affiliation, supervision, classes taken, role identification, and CACREP accreditation.

Pearson product moment correlations for continuous variables and Spearman correlations for discrete variables, as well as t-test for dichotomous variables and one-way ANOVA analyses for multiple group comparisons, were performed on resilience characteristics and counseling-program variables of primary field of graduate study, number of credits, status in the program, professional affiliation, supervision, classes taken, role identification, and CACREP accreditation. To minimize the potential for a Type I error, a conservative p level of .01 was used. All ANOVAs were tested to establish that the three main assumptions were met. In this case all observations were independent, variances on the dependent variables were equal across groups. Since groups were of different sizes, a Levene test of homogeneity of variances was performed for all ANOVAs. The Levene test was not significant for all the ANOVAs reported for this hypothesis so the equal variances assumption was not violated.

CHAPTER FOUR

RESULTS

In this chapter, the results of the study are presented. A general demographic picture of the participants is presented, as well as specific descriptors of their training programs, their risk and protective factors, and their specific level of resilience. Results of correlations and analyses of variance performed to test the hypothesis also are reported. The purpose of this study was to examine the resilience characteristics of master's-level counseling students. The data collected represent the level of resilience displayed by counseling trainees in relationship to background variables, risk and protective variables, and counseling program variables.

These data were collected using a researcher-developed survey and the *Resilience Scale* (Wagnild, 1993). The researcher-developed survey was used to collect general demographic information about participants as well as counseling-training-program variables, and risk and protective variables. The data obtained were used to establish group comparisons based on three types of variables: background variables such as age, gender, marital status, ethnicity, education, income, employment, living situation, sexual orientation, and country of origin; counseling-training-program variables such as primary field of study, number of credits taken, academic status, professional affiliations, supervision status, counseling courses taken, role identification with the counseling profession, and accreditation; and risk and protective factors variables such as poverty, natural disasters, and terrorism, as well as perceived support, school expectations, and community involvement.

The *Resilience Scale* consists of 25 items reflecting five characteristics of resilience: self-reliance, perseverance, equanimity, meaningfulness, and existential aloneness (Wagnild, 2009). The scores range between 25 and 175 with scores greater than 145 indicating moderately high to high resilience, scores between 125 and 145 indicating moderately low to moderate levels of

resilience, and scores below 125 indicating low resilience. Internal consistency reliability of the *Resilience Scale* was measured using Cronbach's alpha. For this study, the internal consistency reliability for the 25 items of the *Resilience Scale* was .93. The internal consistency reliability was also calculated for the five subscales and the results were: self-reliance (.82), perseverance (.74), equanimity (.76), meaningfulness (.78), and existential aloneness (.74).

Results for Counseling-Training-Program Variables

Participants reported their primary fields of graduate study as: clinical mental health counseling/community counseling (52.8%); school counseling (20.5%); marital, couple and family counseling/therapy (12.8%); college counseling (3.4%); student affairs (1.7%), career counseling (0.9%); and gerontological counseling (0.3%). Those who reported "other" as their primary field of graduate study represented 7.5% of the sample. Typical responses in the "other" category were addictions counseling, rehabilitation counseling, correctional counseling, pastoral counseling, and dual community and school counseling (see Appendix E for a complete list). In Table 11, the descriptive statistics for participants' primary field of graduate study are presented.

Table 11

Frequency Distribution of Participants by Primary Field of Graduate Study

Primary Field of Graduate Study	f	%
Career counseling	5	.9
College counseling	20	3.4
Clinical mental health counseling/community counseling	309	52.8
Gerontological counseling	2	.3
Marital, couple, and family counseling/therapy	75	12.8
School counseling	120	20.5
Student affairs	10	1.7
Other	44	7.5
Total	585	100.0

The number of credits in the counselor training program earned by the participants ranged from 0 to more than 120 credits taken. The highest percentage of participants reported that they had earned 9 credits (6.9%), followed by those who had earned 12 credits (5.5%), and 36 credits (4.6%). The descriptive statistics for participants' number of counseling training credits are presented in Table 12.

Table 12

Frequency Distribution of Participants by Number of Credits Earned

Number of Credits Earned	f	%
0	25	4.3
3	9	1.5
4	1	.2
6	25	4.3
7	1	.2
8	1	.2
9	40	6.9
10	2	.3
11	1	.2
12	32	5.5
13	8	1.4
14	5	.9
15	22	3.8
16	2	.3
18	21	3.6
19	4	.7
20	3	.5
21	25	4.3
22	3	.5
24	17	2.9
25	1	.2
26	3	.5
27	11	1.9
28	1	.2
29	1	.2
30	12	2.1
31	6	1.0
32	5	.9
33	18	3.1
34	8	1.4
35	1	.2
36	27	4.6
37	4	.7

Table 12 continued

Number of Credits Earned	f	%
38	4	.7
39	10	1.7
40	11	1.9
41	1	.2
42	24	4.1
43	8	1.4
44	4	.7
45	19	3.3
46	3	.5
47	3	.5
48	21	3.6
49	4	.7
50	3	.5
51	14	2.4
52	4	.7
53	4	.7
54	15	2.6
55	5	.9
56	3	.5
57	9	1.5
58	2	.3
59	3	.5
60	25	4.3
61	9	1.5
62	5	.9
63	4	.7
64	2	.3
66	1	.2
67	1	.2
68	1	.2
69	1	.2
70	1	.2
72	3	.5
73	2	.3
77	1	.2
80	1	.2
81	1	.2

Table 12 continued

Number of Credits Earned	f	%
90	1	.2
102	1	.2
110	1	.2
120	3	.5
Total	583	100.0

Participants were asked to report which status identified them most closely in their counseling training program. Over half (55.8%) of respondents reported being in the pre-practicum or before field experience status, while 21.6% reported that they were in their internship, and 17.1% were in their practicum. An additional 5.5% of participants reported that they were in their post-internship status (after completing their field experience and before graduation). In Table 13 the descriptive statistics for participants' status in the counseling training program are presented.

Table 13

Frequency Distribution of Participants by Status in the Counseling Training Program

Status in the Counseling Training Program	f	%
Pre-practicum (before field experience)	323	55.8
Practicum	99	17.1
Internship	125	21.6
Post-internship	32	5.5
Total	579	100.0

Participants reported their affiliation with professional organizations. Nearly half (45.3%) of participants reported that they belong to the American Counseling Association (ACA), 10.4% to a state branch of ACA, 9.4% to the American School Counseling Association (ASCA), 3.6% to the American Association of Marriage and Family Therapy (AAMFT), and 3.2% to the American Mental Health Counseling Association (AMHC). Fewer participants reported that they belong to the state branch of the AAMFT (2.2%), state branch of ASCA (1.7%), and state branch of AMHC (1.2%). Those who reported “other” represented 18.3% of the sample; their typical responses included American Association of Christian Counselors (AACC), American College Counseling Association (ACCA), American Psychological Association (APA), American Rehabilitation Counseling Association (ARCA), and Association for Specialists in Group Work (ASGW). (see Appendix E for a complete list of responses). Descriptive statistics for respondents’ affiliations with professional associations are presented in Table 14.

Table 14

Frequency Distribution of Participants by Affiliation with Professional Organization

Professional Organization	<u>f</u>	<u>%</u>
American Counseling Association (ACA)	265	45.3
State branch of ACA	61	10.4
American School Counseling Association (ASCA)	55	9.4
State branch of ASCA	10	1.7
American Mental Health Counseling Association (AMHC)	19	3.2
State branch of AMHC	7	1.2
American Association of Marriage and Family Therapy (AAMFT)	21	3.6
State branch of the AAMFT	13	2.2
Other	107	18.3
Total	585	100.0

Participants were asked if they were receiving supervision. Slightly more than half (55.8%) of participants reported that they were not under supervision, and 44.2% reported that they were under supervision. In Table 15 the descriptive statistics for respondents' supervision status are presented.

Table 15

Frequency Distribution of Participants by Supervision Status

Under Supervision	f	%
No	324	55.8
Yes	257	44.2
Total	581	100.0

Participants reported the classes they have taken or were currently taking. Descriptive statistics for participants' classes taken or currently taking are presented in Table 16.

Table 16

Frequency Distribution of Participants by Classes Taken or Currently Taking

Classes Taken or Currently Enrolled	f	%
Career Development and Life Planning/Career counseling	310	53.0
Theories of Counseling	503	86.0
Counseling Techniques	394	67.4
Advanced Counseling Techniques	118	20.2
Human Growth and Development	360	61.5
Group Work	334	57.1
Multicultural Counseling	360	61.5
Diagnosis/Psychopathology	278	47.5
Assessment/Measurement/Testing	337	57.6
Research and Program Evaluation	305	52.1
Crisis Intervention Counseling	82	14.0
Supervision in Counseling	78	13.3
Ethical & Professional Issues in Counseling	345	59.0
Practicum in Counseling	240	41.0
Internship in Counseling	150	25.6
Community Counseling/Clinical Mental Health Counseling	153	26.2
School Counseling	112	19.1
Addictions Counseling	140	23.9
Marriage, Couple and Family Counseling	155	26.5
Student Affairs and College Counseling	28	4.8

Participants were asked their level of identification with who they were and their future role as a counselor. The majority of the respondents (61%) indicated that as a person they were somewhat different from whom they will be as a counselor, whereas 36.5% reported that as a

person they were not different from whom they will be as a counselor. Those who reported that as a person they were very different from whom they will be as a counselor represented 2.2% of the sample. A very small percentage of participants reported that as a person they were completely different from whom they will be as a counselor (0.3%). The descriptive statistics for participants' level of identification with their counselor role are presented in Table 17.

Table 17

Frequency Distribution of Participants by Identification with Their Role as Counselors

Identification with Role of Counselor	f	%
As a person I am completely different from whom I will be as a counselor	2	.3
As a person I am very different from whom I will be as a counselor	13	2.2
As a person I am somewhat different from whom I will be as a counselor	356	61.0
As a person I am no different from whom I will be as a counselor	213	36.5
Total	584	100.0

Participants were asked whether the master's training program in counseling that they attend is CACREP or CORE-accredited. The majority of the respondents (83.6%) reported that they attend a CACREP or CORE-accredited program. The frequency distribution of CACREP or CORE-accreditation status of master's-level counseling students' training programs is presented in Table 18.

Table 18

Frequency Distribution of Participants' CACREP or CORE Training Program Accreditation

CACREP or CORE Program Accreditation	f	%
No	93	16.4
Yes	474	83.6
Total	567	100.0

Participants reported their participation in extracurricular activities as master's-level counseling students. More than half (59.3%) of respondents to this item reported that they have attended conferences, 51.6% have participated in research studies, 44.2% belong to Chi Sigma Iota Counseling Honor Society, and 12% reported that they have presented at conferences. Those who reported "other" participation in extracurricular activities represented 8% of the sample. The typical responses to the "other" category included attendance at seminars, attendance at workshops, and participation in student organizations. (see Appendix E for a complete list of responses). In Table 19 the frequency distribution of respondents' participation in extracurricular activities is presented.

Table 19

Frequency Distribution of Respondents' Participation in Extracurricular Activities

Extracurricular Activities	f	%
CSI Counseling Honor Society	155	44.2
Attendance at conferences	208	59.3
Presentation at conferences	42	12.0
Participation in research studies	181	51.6
Other	28	8.0

Results for the Risk and Protective Variables

Participants were asked if they had experienced any of several adverse situations at any moment in their lives (Risk factors). The five major situations of adversity reported by participants were: poverty (29.1%), abuse (28.2%), parental substance abuse (26.5%), natural disasters (21.7%), and domestic violence (19.8%). Those who reported “other” represented 13.8% of the sample. Some additional situations of adversity experienced by master’s-level counseling students were medical problems, substance abuse of family member other than parent, death of a family member other than parent or spouse, diagnosed mental illness (own), and parental divorce. (see Appendix E for a complete list of responses). The frequency distribution of participants’ situations of adversity is presented in Table 20.

Table 20

Frequency Distribution of Participants' Risk Factors

Risk Factor	f	%
Poverty	170	29.1
Natural disaster	127	21.7
Terrorist attacks	76	13.0
War	72	12.3
Domestic violence	116	19.8
Abuse	165	28.2
Death of a parent	102	17.4
Death of a spouse	15	2.6
Wildfire	8	1.4
Institutionalization	17	2.9
Substance abuse	84	14.4
Parental substance abuse	155	26.5
Diagnosed Parental mental illness	87	14.9
Other	81	13.8

To determine the existence of basic protective factors as described by Benard (2004), participants were asked to report on their experience of having one person who provided unconditional positive regard, support, and compassion. They were also asked to report if they had a school that established high expectations for them, and if they had opportunities for meaningful participation. The vast majority of the respondents (94.7%) reported that they have

had at least one person who provided unconditional positive regard, support and compassion.

Large majorities reported that they had a school that established high expectations (89.9%), and that they had opportunities for meaningful participation in the community (89.4%). Responses to these questions are presented in Table 21.

Table 21

Frequency Distribution of Participants' Protective Factors

Protective Factors	f	%
At least one person who provides unconditional positive regard, support, and compassion.	554	94.7
A school that establishes high expectations	526	89.9
Opportunities for meaningful participation in the community	523	89.4

Results for the Resilience Scale Variables

Participants rated themselves on the 25 items of the *Resilience Scale*. The frequency distributions as well as the corresponding percentages for participants' responses to the *Resilience Scale* are presented in Table 22. Participants were asked to read 25 statements and to rate themselves according to how they felt about them. The scale ranged from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. They were instructed to mark "4" if their opinion was neutral about a given statement. The majority of respondents reported levels of agreement of five (slightly agree) or higher on all 25 items of the *Resilience Scale*. The two items that received lower levels of agreement from the majority of the respondents were "I take things one day at the time" (30.3%), and "I do not dwell on things that I can't do anything about" (24.6%).

Table 22

Frequency distribution of the 25 Items of the Resilience Scale

Item	Rating						
	1	2	3	4	5	6	7
1. When I make plans, I follow through with them.	0.2% (1)	1.5% (9)	0.5% (3)	2.1% (12)	19.8% (116)	51.6% *(302)	24.3% (142)
2. I usually manage one way or another.	0.7% (4)	0.5% (3)	0.3% (2)	1.5% (9)	7.7% (45)	43.9% (257)	45.3% (265)
3. I am able to depend on myself more than anyone else.	0.7% (4)	1.0% (6)	3.2% (19)	8.0% (47)	23.2% (136)	34.2% (200)	29.6% (173)
4. Keeping interested in things is important to me.	0.3% (2)	0.9% (5)	1.0% (6)	4.8% (28)	16.9% (99)	36.9% (216)	39.1% (229)
5. I can be on my own if I have to.	0.7% (4)	1.2% (7)	3.2% (19)	3.1% (18)	11.3% (66)	33.7% (197)	46.8% (274)
6. I feel proud that I have accomplished things in life.	1.0% (6)	0.3% (2)	0.3% (2)	2.9% (17)	11.3% (66)	29.2% (171)	54.9% (321)
7. I usually take things in stride.	0.3% (2)	2.6% (15)	6.8% (40)	13.2% (77)	28.5% (167)	30.6% (179)	17.9% (105)
8. I am friends with myself.	0.5% (3)	1.5% (9)	2.9% (17)	10.6% (62)	20.0% (117)	34.2% (200)	30.3% (177)
9. I feel that I can handle many things at a time.	0.5% (3)	0.9% (5)	3.4% (20)	5.6% (33)	20.7% (121)	42.4% (248)	26.5% (155)
10. I am determined.	0.9% (5)	0.2% (1)	1.0% (6)	2.1% (12)	8.7% (51)	34.9% (204)	52.3% (306)
11. I seldom wonder what the point of it all is.	5.3% (31)	8.6% (50)	11.8% (69)	12.5% (73)	18.6% (109)	29.9% (175)	13.3% (78)
12. I take things one day at a time.	1.5% (9)	4.6% (27)	13.3% (78)	16.4% (96)	30.3% (177)	25.1% (147)	8.7% (51)
13. I can get through difficult times because I've experienced difficulty before.	1.0% (6)	1.0% (6)	3.2% (19)	9.1% (53)	17.9% (105)	36.2% (212)	31.5% (184)

Table 22 continued

Item	Rating						
	1	2	3	4	5	6	7
14. I have self-discipline.	1.0% (6)	1.0% (6)	4.8% (28)	6.2% (36)	25.8% (151)	36.1% (211)	25.1% (147)
15. I keep interested in things.	0.2% (1)	1.0% (6)	1.7% (10)	7.5% (44)	23.6% (138)	43.2% (253)	22.7% (133)
16. I can usually find something to laugh about.	0.3% (2)	1.0% (6)	2.4% (14)	5.6% (33)	16.4% (96)	35.6% (208)	38.6% (226)
17. My belief in myself gets me through hard times.	0.2% (1)	1.9% (11)	5.6% (33)	9.7% (57)	24.6% (144)	34.9% (204)	23.2% (135)
18. In an emergency, I'm someone people can generally rely on.	0.7% (4)	0.9% (5)	0.2% (1)	1.7% (10)	12.0% (70)	40.3% (236)	44.3% (259)
19. I can usually look at a situation in a number of ways.	0.5% (3)	0.7% (4)	2.1% (12)	3.1% (18)	19.0% (111)	38.1% (223)	36.6% (214)
20. Sometimes I make myself do things whether I want to or not.	0.0% (0)	1.2% (7)	2.2% (13)	5.1% (30)	20.2% (118)	43.9% (257)	27.4% (160)
21. My life has meaning.	1.0% (6)	0.5% (3)	0.7% (4)	2.9% (17)	11.6% (68)	30.3% (177)	52.8% (309)
22. I do not dwell on things that I can't do anything about.	2.2% (13)	10.3% (60)	19.3% (113)	17.3% (101)	24.6% (144)	18.1% (106)	8.2% (48)
23. When I'm in a difficult situation, I can usually find my way out of it.	0.2% (1)	0.3% (2)	2.1% (12)	5.0% (29)	28.0% (164)	44.8% (262)	19.7% (115)
24. I have enough energy to do what I have to do.	1.0% (6)	2.4% (14)	9.4% (55)	9.4% (55)	26.5% (155)	37.6% (220)	13.7% (80)
25. It's okay if there are people who don't like me.	1.2% (7)	3.4% (20)	8.5% (50)	12.0% (70)	24.1% (141)	28.2% (165)	22.6% (132)

* Bold numbers indicate the highest percentages per item.

Resilience Scale scores ranged from 33 to 175 ($M = 142.7$, $SD = 17.7$). Scores greater than 145 indicated moderately high-to-high resilience, scores from 126 to 145 indicated

moderately-low to moderate levels of resilience, and scores of 125 and below indicated low resilience. Nearly half (46.7%) of the participants reported a moderately-high-to-high level of resilience. Those who reported a moderately-low to moderate level of resilience represented 41% of the sample, and 12% of participants reported a low level of resilience. In Table 23 the frequency distribution of participants' level of resilience is presented.

Table 23

Frequency Distribution of Participants' Level of Resilience

Level of Resilience	f	%
Low resilience (125 or lower)	72	12.3
Moderately-low to moderate resilience (between 126 and 145)	240	41.0
Moderately high-to-high resilience (146 or higher)	273	46.7
Total	585	100.0

Participants' scores on the 25 items of the *Resilience Scale* were computed to obtain the scores for the five resilience characteristics. There were five items per characteristic. On average, participants scored higher on self-reliance ($M = 5.95$), followed by meaning ($M = 5.81$), perseverance ($M = 5.79$), existential aloneness ($M = 5.67$), and equanimity ($M = 5.29$). In general, the average scores on the five resilience subscales reflected slight to moderate levels of agreement from participants. On average, participants scored the highest on item 10, "I am determined" ($M = 6.31$). On average, participants scored the lowest on item 22, "I do not dwell on things that I can't do anything about" ($M = 4.38$). On average the highest variability of scores corresponded to item 11, "I seldom wonder what the point of it all is" ($SD = 1.72$). The lowest

variability of scores corresponded to item 2, “I usually manage one way or another” ($SD = .89$).

In Table 24 the mean scores for each resilience scale item as well as the five resilience characteristics are presented.

Table 24

Mean and Standard Deviation scores for Resilience Scale Items and Characteristics

Resilience Characteristic / Survey Items	<i>M</i>	<i>SD</i>
SELF RELIANCE	5.95	.78
2. I usually manage one way or another.	6.28	.89
9. I feel that I can handle many things at a time.	5.78	1.10
13. I can get through difficult times because I've experienced difficulty before.	5.76	1.23
18. In an emergency, I'm someone people can generally rely on.	6.21	.95
23. When I'm in a difficult situation, I can usually find my way out of it.	5.73	.94
EQUANIMITY	5.29	.91
7. I usually take things in stride.	5.30	1.27
12. I take things one day at a time.	4.79	1.38
16. I can usually find something to laugh about.	5.97	1.11
19. I can usually look at a situation in a number of ways.	6.00	1.05
22. I do not dwell on things that I can't do anything about.	4.38	1.53
PERSEVERANCE	5.79	.79
1. When I make plans, I follow through with them.	5.91	.92
10. I am determined.	6.31	.96
14. I have self-discipline.	5.63	1.21
20. Sometimes I make myself do things whether I want to or not.	5.85	1.02
24. I have enough energy to do what I have to do.	5.25	1.30

Table 24 continued

Resilience Characteristic / Survey Items	M	SD
EXISTENTIAL ALONENESS	5.67	.87
3. I am able to depend on myself more than anyone else.	5.72	1.18
5. I can be on my own if I have to.	6.11	1.16
8. I am friends with myself.	5.71	1.21
17. My belief in myself gets me through hard times.	5.53	1.22
25. It's okay if there are people who don't like me.	5.29	1.43
MEANING	5.81	.81
4. Keeping interested in things is important to me.	6.04	1.03
6. I feel proud that I have accomplished things in life.	6.30	1.01
11. I seldom wonder what the point of it all is.	4.73	1.72
15. I keep interested in things.	5.74	1.02
21. My life has meaning.	6.26	1.04

Results of Hypothesis Testing

Research question 1

Research question 1 asked: What is the relationship between background variables and resilience characteristics in master's-level counseling students?

- H1: Resilience characteristics are significantly associated with the background variables of age, sex, marital status, ethnicity, education, income, employment, living situation, sexual orientation, and international student status.

Descriptive statistics were computed to describe the overall level of resilience, as well as important characteristics of the sample distribution. Pearson product moment correlations for

continuous variables and Spearman correlations for discrete variables, as well as t-test for dichotomous variables and one-way ANOVAs for multiple group comparisons, were performed among resilience characteristics and background variables. To minimize the potential for a Type I error, since there were many statistical tests completed, a conservative *p* level of .01 was used.

Results showed that each resilience characteristic and the overall level of resilience were significantly associated with one to five background variables from the total of 10. Self-reliance and existential aloneness were significantly associated with the largest number of background variables (three). Five background variables (age, marital status, household income, employment status, and sexual orientation) were significantly associated with one to four resilience characteristics, while five background variables (sex, ethnicity, highest degree received, living situation, and international student status) were not significantly associated with any resilience characteristics. Age and household income were significantly associated with the largest number of resilience characteristics (four). Two background variables (age and household income) were significantly associated with the overall resilience score. Among all possible associations involving resilience characteristics and background variables (5 resilience characteristics x 10 background variables = 50), significant associations accounted for 26% of all possible associations. Statistical results indicating relationships among resilience characteristics and background variables are presented in Table 25.

Table 25

Pearson and Spearman Correlation Results of Participant's Background Variables and Resilience Characteristics

Background Variables	Self Reliance	Meaning	Equanimity	Perseverance	Existential Aloneness	Resilience Score
Age	.14 .001	.14 .001	.23 < .001	.05 .289	.21 < .001	.19 < .001
Sex	-.09 .049	-.10 .020	-.02 .700	-.03 .412	-.07 .136	-.09 .049
Marital Status	.11 .011	-.05 .193	-.08 .066	-.05 .245	-.12 .005	-.10 .012
Ethnicity	.06 .152	-.00 .938	.00 .961	.02 .629	-.03 .504	.01 .761
Highest Degree Received	-.01 .805	-.00 .928	-.02 .621	.06 .144	-.06 .127	-.01 .798
Household Income	.14 .001	.12 .005	.09 .042	.12 .005	.15 < .001	.15 < .001
Employment Status	.14 .001	.08 .061	.07 .105	.07 .075	.09 .036	.10 .011
Living Situation	.01 .767	-.04 .393	-.03 .408	.00 .888	-.02 .608	-.01 .736
Sexual Orientation	-.01 .814	-.03 .482	-.04 .344	-.12 .004	-.03 .474	.03 .430
International Student Status	.00 .861	.06 .174	-.00 .934	.01 .767	.10 .022	.04 .353

Note: *P* values are reported under correlation coefficients.

A one-way ANOVA test was performed to determine if there were statistically significant differences among age groups on their resilience characteristics and resilience score. Statistically significant differences were found among the three age groups (young adults, middle age adults, and older adults) on equanimity $F(2, 561) = 12.2, p < .001, \eta^2 = .11$, existential aloneness $F(2, 561) = 12.0, p < .001, \eta^2 = .10$, and the overall resilience score $F(2, 561) = 7.02, p = .001, \eta^2 = .08$. Although the ANOVA showed that the means among age groups were significantly different on their level of equanimity, existential aloneness and the overall resilience score, the effect size was small to modest. The partial eta squared ranged between .08 and .11, which means that age by itself accounted for only 8% to 11% of the overall variance.

Post hoc Tukey HSD Tests indicated statistically significant mean differences in the level of equanimity between young adults (20 to 29 years old) and older adults (40 years of age and over) ($p < .001$). Significant mean differences were also found between young adults and middle age adults (30 to 39 years old) ($p = .006$) in participants' level of existential aloneness, and between young adults and older adults ($p < .001$). Finally, significant group differences were found in the overall level of resilience between young and older adults ($p = .001$). Specifically, older adults displayed a higher level of equanimity ($M = 5.65$) than young adults ($M = 5.16$). Older adults reported higher levels of existential aloneness ($M = 5.97$) than the middle age adult group ($M = 5.82$) and the young adult group ($M = 5.54$). Finally, the older adult group presented a higher overall level of resilience ($M = 147.95$) than the young adult group ($M = 140.82$). Comparisons among age groups are presented in Table 26.

Table 26

One-Way Analysis of Variance Summary Comparing Age groups on Resilience Characteristics and Resilience Score

Resilience Characteristics	Age Group	n	<i>M</i>	<i>SD</i>	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Self-reliance	Young Adults	345	5.88	.79	2	5.25	2.63	4.51	.011
	Middle Age	119	6.05	.74	561	326.6	.582		
	Adults				563	331.9			
	Older Adults	100	6.10	.66					
	Total	564	5.95	.76					
Equanimity	Young Adults	345	5.16	.90	2	19.70	9.85	12.2	< .001
	Middle Age	119	5.38	.94	561	451.3	.805		
	Adults				563	471.0			
	Older Adults	100	5.65	.82					
	Total	564	5.29	.91					
Perseverance	Young Adults	345	5.80	.78	2	1.72	.861	1.40	.247
	Middle Age	119	5.70	.80	561	344.3	.614		
	Adults				563	346.0			
	Older Adults	100	5.88	.76					
	Total	564	5.80	.78					
Existential aloneness	Young Adults	345	5.54	.88	2	17.14	8.57	12.0	< .001
	Middle Age	119	5.82	.83	561	399.5	.712		
	Adults				563	416.7			
	Older Adults	100	5.97	.67					
	Total	564	5.67	.86					
Meaning	Young Adults	345	5.76	.81	2	3.74	1.87	2.99	.051
	Middle Age	119	5.81	.79	561	351.0	.626		
	Adults				563	354.8			
	Older Adults	100	5.98	.68					
	Total	564	5.81	.79					
Resilience Score	Young Adults	345	140.82	17.88	2	4157.5	2078.7	7.02	.001
	Middle Age	119	143.95	17.33	561	166071	296.0		
	Adults				563	170229			
	Older Adults	100	147.95	14.40					
	Total	564	142.74	17.38					

A *t*-test was performed to determine any significant differences between the means of male and female master's-level counseling students in their resilience characteristics and their resilience score. As indicated in Table 27, although female students scored on average higher than male students on every one of the resilience characteristics and the resilience score, there were no statistically significant differences between sex groups.

Table 27

Comparison of Male and Female Master's-Level Counseling Students on Resilience Characteristics and Resilience Score

Resilience Characteristics	Sex	n	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Self reliance	Female	504	5.97	.77	1.98	577	.049
	Male	75	5.78	.86			
Equanimity	Female	504	5.29	.90	.42	577	.676
	Male	75	5.24	1.00			
Perseverance	Female	504	5.80	.78	1.13	577	.258
	Male	75	5.69	.86			
Existential aloneness	Female	504	5.69	.86	1.30	577	.194
	Male	75	5.55	.93			
Meaning	Female	504	5.83	.79	2.10	577	.036
	Male	75	5.62	.89			
Resilience Score	Female	504	143.07	17.45	1.60	577	.110
	Male	75	139.56	19.46			

A one-way ANOVA was performed to determine if there were statistically significant differences among marital status groups on their resilience characteristics and resilience scores. Statistically significant differences were found among the six marital status (divorced, partnered, married, separated, single, and widowed) on self-reliance $F(5, 579) = 3.06, p = .010, \eta^2 = .03$; equanimity $F(5, 579) = 4.43, p = .001, \eta^2 = .04$; existential aloneness $F(5, 579) = 4.59, p < .001, \eta^2 = .04$; and the overall resilience score $F(5, 579) = 3.61, p = .003, \eta^2 = .03$. Although the ANOVA showed that the means among marital status groups were significantly different on their level of self-reliance, equanimity, existential aloneness and the overall resilience score, the effect size was small. The partial eta squared ranged between .03 and .04, which means that marital status by itself accounted for only 3% to 4% of the overall variance. The mean score on self-reliance ($M = 6.50$), equanimity ($M = 6.00$), perseverance ($M = 5.90$), and the overall resilience score ($M = 153.33$) was higher for those participants who described their marital status as separated than for any other marital status group. The mean score on existential aloneness ($M = 6.13$) was equally higher for the divorced group, the separated group and the widowed group. The mean score for the meaning subscale was higher for the widowed group ($M = 6.25$). Post hoc Tukey HSD Tests indicated significant differences ($p = .004$) in the level of equanimity between the divorced group ($M = 5.67$) and the partnered group ($M = 5.03$). Likewise, there were also significant mean differences in existential aloneness ($p = .005$) between the divorced group ($M = 5.97$) and the partnered group ($M = 5.53$), and between the divorced group ($M = 5.97$) and the single group ($M = 5.56$). The divorced group presented a higher level of equanimity and existential aloneness than the partnered group. The divorce group reported also a higher level of existential aloneness than the single group. The results of the one-way ANOVA are presented in Table 28.

Table 28

*One-Way Analysis of Variance Summary Comparing Marital Status Groups on Resilience**Characteristics and Resilience Score*

Resilience Characteristics	Marital Status	n	M	SD	SS	df	MS	F	p
Self reliance	Divorced	43	6.17	.64	9.27	5	1.85	3.06	.010
	Partnered	72	5.86	.82	50.47	579	.60		
	Married	200	6.04	.75	359.74	584			
	Separated	6	6.50	.27					
	Single	260	5.85	.81					
	Widowed	4	6.30	.25					
	Total	585	5.95	.78					
Equanimity	Divorced	43	5.67	.83	18.15	5	3.63	.44	.001
	Partnered	72	5.03	.99	474.87	579	.82	3	
	Married	200	5.38	.90	493.02	584			
	Separated	6	6.00	.40					
	Single	260	5.21	.89					
	Widowed	4	5.70	.68					
	Total	585	5.29	.91					
Perseverance	Divorced	43	5.88	.79	2.91	5	.58	.928	.462
	Partnered	72	5.68	.89	362.99	579	.62		
	Married	200	5.86	.76	365.90	584			
	Separated	6	5.90	.67					
	Single	260	5.75	.78					
	Widowed	4	5.60	.43					
	Total	585	5.75	.79					
Existential aloneness	Divorced	43	6.13	.73	17.02	5	3.40	4.59	< .001
	Partnered	72	5.53	.94	429.18	579	.74		
	Married	200	5.75	.81	446.20	584			
	Separated	6	6.16	.46					
	Single	260	5.56	.89					
	Widowed	4	6.10	.62					
	Total	585	5.67	.87					

Table 28 continued

Resilience Characteristics	Marital Status	n	<i>M</i>	<i>SD</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Meaning	Divorced	43	5.97	.72	5.68	5	1.14	1.73	.125
	Partnered	72	5.70	.83	379.05	579	.65		
	Married	200	5.89	.79	384.73	584			
	Separated	6	6.10	.57					
	Single	260	5.74	.83					
	Widowed	4	6.25	.52					
	Total	585	5.81	.81					
Resilience Score	Divorced	43	149.18	15.3	5542.85	5	1108.57	3.61	.003
	Partnered	72	139.15	19.6	177669.31	579	306.85		
	Married	200	144.77	16.9	183212.16	584			
	Separated	6	153.33	9.7					
	Single	260	140.65	17.8					
	Widowed	4	149.75	10.1					
	Total	585	142.69	17.7					

A one-way ANOVA was performed to determine if there were statistically significant differences among ethnic groups on their resilience characteristics and resilience score. Statistically significant differences were found among the five ethnic groups (African American/Black, Asian/ Asian American, European American/White, Latino/Hispanic, and Other) in equanimity $F(4, 580) = 4.84, p = .001, \eta^2 = .04$; and existential aloneness $F(4, 580) = 8.94, p < .001, \eta^2 = .06$. Although the ANOVA showed that the means among ethnicity groups were significantly different on their level of equanimity and existential aloneness, the effect size was small. The partial eta squared ranged between .04 and .06, which means that ethnicity by itself accounted for only 4% to 6% of the overall variance.

The mean score on self-reliance ($M = 6.17$) and equanimity ($M = 5.71$) was higher for participants in the “other” category (see Table 27). The African American/Black group scored on

average higher than the other groups in the resilience characteristics of perseverance ($M = 5.92$), existential aloneness ($M = 6.25$), meaning ($M = 5.90$), and the overall resilience score ($M = 149.53$). Post hoc Tukey HSD Tests indicated significant differences in the level of equanimity ($p = .007$) between the African American/Black group ($M = 5.69$) and European American/White group ($M = 5.22$). There were also significant mean differences in existential aloneness ($p < .001$) between the African American/Black group ($M = 6.25$) and the European American/White group ($M = 5.58$). The African American/Black group reported a higher level of equanimity, defined as a balanced perspective of one's life and experiences (Wagnild & Young, 1993), than the European American/White group. The African American/Black group reported also a higher level of existential aloneness, defined as a sense of uniqueness (Wagnild & Young, 1993), than the European American/White group.

Table 29

One-Way Analysis of Variance Summary Comparing Ethnic Groups on Resilience Characteristics and Resilience Score

Resilience Characteristics	Ethnicity	n	M	SD	SS	df	MS	F	p
Self reliance	African American	47	6.13	.57	3.50	4	.87	1.43	.223
	Asian/ Asian American	14	5.77	.67	356.24	580	.61		
					359.74	584			
	European American/ White	461	5.92	.77					
	Latino/ Hispanic	45	6.03	1.11					
	Other	18	6.17	.60					
	Total	585	5.95	.78					
Equanimity	African American	47	5.69	.83	15.94	4	3.98	4.84	.001
	Asian/ Asian American	14	5.04	1.23	477.09	580	.82		
					493.02	584			
	European American/ White	461	5.22	.90					
	Latino/ Hispanic	45	5.51	.92					
	Other	18	5.71	.88					
	Total	585	5.29	.91					
Perseverance	African American	47	5.92	.64	1.69	4	.42	.674	.610
	Asian/Asian American	14	5.58	.98	364.21	580	.62		
					365.90	584			
	European American/ White	461	5.78	.78					
	Latino/ Hispanic	45	5.84	.99					
	Other	18	5.87	.65					
	Total	585	5.79	.79					

Table 29 continued

*One-Way Analysis of Variance Summary Comparing Ethnic Groups on Resilience
Characteristics and Resilience Score*

Resilience Characteristics	Ethnicity	n	<i>M</i>	<i>SD</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Existential aleness	African American	47	6.25	.65	25.93	4	6.48	8.94	< .001
	Asian/Asian American	14	5.62	.67	420.27 446.20	580 584	.72		
	European American/ White	461	5.58	.87					
	Latino/ Hispanic	45	5.92	.88					
	Other	18	6.10	.66					
	Total	585	5.67	.87					
Meaning	African American	47	5.90	.71	.51	4	.12	.193	.942
	Asian/Asian American	14	5.74	.77	384.21 384.73	580 584	.66		
	European American/ White	461	5.80	.81					
	Latino/ Hispanic	45	5.81	.85					
	Other	18	5.85	.85					
	Total	585	5.81	.81					
Resilience Score	African American	47	149.53	13.55	3981.64	4	995.41	3.22	.012
	Asian/Asian American	14	138.85	18.82	179230.51 183212.16	580 584	309.01		
	European American/ White	461	141.59	17.59					
	Latino/ Hispanic	45	145.64	21.06					
	Other	18	148.62	15.94					
	Total	585	142.69	17.71					

A one-way ANOVA revealed statistically significant differences among the six household income groups (\$10,000 - \$19,999, \$20,000 - \$29,999, \$30,000 - \$39,999, \$40,000 - \$49,999, \$50,000 - \$74,999, and \$75,000 and over) on the five resilience characteristics and the resilience score.

A post hoc Tukey HSD test indicated significant differences in the overall resilience score $F(6, 572) = 5.51, p < .001, \eta^2 = .06$, between the under \$10,000 income group, the \$40,000 to \$99,999 income group, and the \$75,000 and over income group. In terms of the level of self-reliance $F(6, 572) = 4.45, p < .001, \eta^2 = .05$, equanimity $F(6, 572) = 3.27, p < .001, \eta^2 = .03$, existential aloneness $F(6, 572) = 4.41, p < .001, \eta^2 = .05$, and meaning $F(6, 572) = 3.49, p = .006, \eta^2 = .04$, the under \$10,000 income group was significantly different from the \$40,000 to \$49,999 household income group. Although the ANOVA showed that the means among household income groups were significantly different on their level of self-reliance, equanimity, existential aloneness and meaning, the effect size was small. The partial eta squared ranged between .03 and .05, which means that household income by itself accounted for only 3% to 5% of the overall variance.

The \$40,000 to \$49,999 income group presented a higher level of overall resilience ($M = 151.29$) than the \$75,000 and over group ($M = 143.85$) and the under \$10,000 household income group ($M = 135.44$). The under \$10,000 household income group scored lower than the \$40,000 to \$49,999 income group in levels of self-reliance, equanimity, existential aloneness, and meaning.

The perseverance category was not included in the initial ANOVA for household income groups because the Levene test was significant ($p = .001$), which violated the equal variances assumption. A post hoc Games-Howell test was performed for the perseverance category, which

revealed statistically significant differences between the under \$10,000 household income group and the \$10,000 to \$19,999 household income group $F(6, 572) = 5.59, p = .003, \eta^2 = .06$, the \$20,000 to \$29,999 household income group $F(6, 572) = 5.59, p = .004, \eta^2 = .06$, and the \$40,000 to \$49,999 household income group $F(6, 572) = 5.59, p < .000, \eta^2 = .06$. Again, although the ANOVA showed that the means among household income groups were significantly different on their level of perseverance, the effect size was small. The partial eta squared was .06, which means that household income by itself accounted for only 6% of the overall variance.

The \$40,000 to \$49,999 household income group presented a higher level of perseverance ($M = 6.12$) than the \$20,000 to \$29,999 income group ($M = 5.89$), the \$10,000 to \$19,999 income group ($M = 5.88$), and the under \$10,000 household income group ($M = 5.45$). In Table 30 the one-way ANOVA results for participants' resilience characteristics and overall resilience score by household income are presented.

Table 30

One-Way Analysis of variance comparing Household Income Groups on Resilience Characteristics and Resilience Score

Resilience Characteristics	n	<i>M</i>	<i>SD</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	
Self reliance	under \$10,000	109	5.67	.90	15.95	6	2.65	4.448	< .001
	\$10,000 - \$19,999	78	5.96	.54	341.91	572	.59		
	\$20,000 - \$29,000	67	6.03	.62	357.86	578			
	\$30,000 - \$39,000	76	6.00	.91					
	\$40,000 - \$49,999	51	6.30	.58					
	\$50,000 - \$74,999	95	5.91	.79					
	\$75,000 - over \$75,000	103	6.00	.78					
	Total	579	5.95	.78					
Equanimity	under \$10,000	109	5.03	1.00	16.25	6	2.70	3.272	.004
	\$10,000 - \$19,999	78	5.31	.78	473.53	572	.82		
	\$20,000 - \$29,999	67	5.33	.88	489.78	578			
	\$30,000 - \$39,999	76	5.33	.93					
	\$40,000 - \$49,999	51	5.70	.79					
	\$50,000 - \$74,999	95	5.29	.97					
	\$75,000 - over \$75,000	103	5.25	.88					
	Total	579	5.28	.92					
Perseverance	Under \$10,000	109	5.45	.95	20.05	6	3.34	5.586	< .001
	\$10,000 - \$19,999	78	5.88	.57	342.25	572	.59		
	\$20,000 - \$29,999	67	5.89	.58	362.30	578			
	\$30,000 - \$39,999	76	5.78	.86					
	\$40,000 - \$49,999	51	6.12	.56					
	\$50,000 - \$74,999	95	5.78	.79					
	\$75,000 - over \$75,000	103	5.84	.79					
	Total	579	5.79	.79					

Table 30 continued

Resilience Characteristics		<i>n</i>	<i>M</i>	<i>SD</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Existential aloneness	Under \$10,000	109	5.39	.98	19.64	6	3.27	4.415	< .001
	\$10,000 - \$19,999	78	5.60	.79	424.22	572	.74		
	\$20,000 - \$29,999	67	5.71	.70	443.86	578			
	\$30,000 - \$39,999	76	5.75	.94					
	\$40,000 - \$49,999	51	6.08	.81					
	\$50,000 - \$74,999	95	5.63	.84					
	\$75,000 - over \$75,000	103	5.78	.83					
	Total	579	5.67	.87					
Meaning	under \$10,000	109	5.53	.89	13.51	6	2.25	3.488	.002
	\$10,000 - \$19,999	78	5.90	.61	369.24	572	.64		
	\$20,000 - \$29,999	67	5.95	.68	382.75	578			
	\$30,000 - \$39,999	76	5.75	.96					
	\$40,000 - \$49,999	51	6.02	.74					
	\$50,000 - \$74,999	95	5.82	.80					
	\$75,000 - over \$75,000	103	5.87	.79					
	Total	579	5.81	.81					
Resilience Score	under \$10,000	109	135.44	20.18	9956	6	1659	5.513	< .001
	\$10,000 - \$19,999	78	143.39	13.05	172180	572	301		
	\$20,000 - \$29,999	67	144.61	14.13	182136	578			
	\$30,000 - \$39,999	76	143.14	20.41					
	\$40,000 - \$49,999	51	151.29	14.37					
	\$50,000 - \$74,999	95	142.31	18.20					
	\$75,000 - over \$75,000	103	143.85	16.90					
	Total	579	142.60	17.75					

A one-way-ANOVA revealed statistically significant differences between the living conditions categories (live alone, live with spouse, live with children, live with friends, live with relatives, live with spouse and children, and other) and two of the five resilience characteristics (self-reliance $F(6, 577) = 3.08, p = .006, \eta^2 = .03$, and existential aloneness, $F(6, 577) = 4.33, p < .001, \eta^2 = .04$). Although the ANOVA showed that the means among living situation groups were significantly different on their level of self-reliance and existential aloneness, the effect size was small. The partial eta squared ranged between .03 and .04, which means that living situation by itself accounted for only 3% to 4% of the overall variance.

A post hoc Tukey HSD test indicated significant differences in the level of existential aloneness between those who live with children and those who live with friends ($p = .004$), and between those who live with children and those who live with relatives ($p = .003$). Specifically, master's-level counseling students who live with children ($M = 6.12$) reported higher levels of existential aloneness than those who live with friends ($M = 5.44$) and those who live with relatives ($M = 5.39$). In Table 31 the comparison among living condition categories, the resilience characteristics, and the resilience score is presented.

Table 31

*One-Way Analysis of Variance Comparing Living Situation Groups on Resilience**Characteristics and Resilience Score*

Resilience Characteristics		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Self reliance	Between Groups	11.174	6	1.862	3.087	.006
	Within Groups	348.156	577	.603		
	Total	359.330	583			
Equanimity	Between Groups	8.948	6	1.491	1.778	.101
	Within Groups	483.987	577	.839		
	Total	492.935	583			
Perseverance	Between Groups	4.346	6	.724	1.158	.327
	Within Groups	360.912	577	.625		
	Total	365.258	583			
Existential aloneness	Between Groups	19.234	6	3.206	4.332	< .001
	Within Groups	426.957	577	.740		
	Total	446.191	583			
Meaning	Between Groups	7.365	6	1.227	1.877	.083
	Within Groups	377.332	577	.654		
	Total	384.696	583			
Resilience Score	Between Groups	4787.288	6	797.881	2.582	.018
	Within Groups	178318.556	577	309.044		
	Total	183105.844	583			

A *t*-test was performed to determine any significant differences between the means of native and international students in their resilience characteristics and their resilience score. International students scored on average higher than native students on self-reliance ($M = 5.96$), existential aloneness ($M = 6.24$), meaning ($M = 6.14$), and the overall resilience score ($M = 145.80$) (see Table 32). Although international students scored on average higher than native students in three of the five resilience characteristics, the differences were not significantly different at the .01 alpha level (2-tailed).

Table 32

Comparison of Native and International Master's-Level Counseling Students on Resilience Characteristics and Resilience Score

Resilience Characteristics	International Student Status	n	<i>M</i>	SD	<i>t</i>	<i>df</i>	<i>p</i>
Self reliance	No	574	5.95	.786	-.025	582	.980
	Yes	10	5.96	.704			
Equanimity	No	574	5.29	.911	.597	582	.551
	Yes	10	5.12	1.269			
Perseverance	No	574	5.79	.783	.377	582	.707
	Yes	10	5.70	1.197			
Existential aloneness	No	574	5.66	.875	-2.065	582	.039
	Yes	10	6.24	.539			
Meaning	No	574	5.81	.815	-1.273	582	.204
	Yes	10	6.14	.550			
Resilience Score	No	574	142.60	17.706	-.566	582	.571
	Yes	10	145.80	17.887			

Separate one-way ANOVAS also indicated that no significant differences were found on any of the five resilience characteristics or the resilience score among the employment status groups, the sexual orientation groups, and the highest degree received groups. In Table 33 the one-way ANOVA summary results for the employment status, sexual orientation and highest degree received are presented.

Table 33

One-Way Analysis of Variance Summary Comparing Employment Status, Sexual Orientation, and Highest Degree Received Groups on Resilience Characteristics and Resilience Score

Group	Self Reliance	Equanimity	Perseverance	Existential aleness	Meaning	Resilience Score
Employment Status	$F = 2.485$ $p = .043$	$F = 1.352$ $p = .249$	$F = .964$ $p = .427$	$F = 2.072$ $p = .083$	$F = .940$ $p = .440$	$F = 1.688$ $p = .151$
Sexual Orientation	$F = .868$ $p = .502$	$F = 2.032$ $p = .073$	No equal variances	$F = .764$ $p = .576$	$F = .360$ $p = .876$	$F = 1.367$ $p = .235$
Highest Degree Received	$F = .971$ $p = .444$	$F = 1.119$ $p = .350$	$F = .748$ $p = .611$	$F = 1.676$ $p = .125$	$F = .549$ $p = .771$	$F = .549$ $p = .375$

Note: The p values are presented under F values.

Research question 2

Research question 2 asked: What is the relationship between resilience characteristics and specific risk and protective factors in master's-level counseling students?

- H2a: Resilience characteristics are significantly associated with specific risk factors such as poverty, natural disasters, terrorist attacks, and war.

Pearson product moment correlations for continuous variables and Spearman correlations for discrete variables, as well as t-test for dichotomous variables and one-way ANOVAs for multiple group comparisons, were performed among resilience characteristics and specific risk and protective factors. To minimize the potential for a Type I error, a conservative *p* level of .01 was used.

Statistical results indicating relationships among resilience characteristics and risk factors are listed in Table 34. Results showed that each resilience characteristic and the overall level of resilience were significantly associated with one to six risk factors from the total of 14. The overall resilience score was significantly associated with the largest number of risk factors (six). As to risk factors, eight (poverty, natural disaster, domestic violence, abuse, death of a parent, death of a spouse, parental substance abuse, and diagnosed parental mental illness) were significantly associated with one to four resilience characteristics and the resilience score, while six risk factors (terrorist attacks, war, wildfire, institutionalization, substance abuse and the “other” category) were not significantly associated with any resilience characteristics or the resilience score. Among all the risk factors, domestic violence was significantly associated with the largest number of resilience characteristics (four), and the resilience score. Six risk factors were significantly associated with the overall resilience score.

Among all possible associations involving resilience characteristics and risk factors (5 resilience characteristics x 14 risk factors = 70), significant associations accounted for 22.8% of all possible associations.

Table 34

Pearson and Spearman Correlation Results of Participant's Risk Factors and Resilience Characteristics

Risk Factors	Self Reliance	Meaning	Equanimity	Perseverance	Existential Aloneness	Resilience Score
Poverty	.23 < .001	.04 .378	.16 < .001	.04 .324	.14 < .001	.15 < .001
Natural Disaster	.06 .120	.09 .028	.08 .044	.07 .102	.10 .014	.10 .010
Terrorist attacks	-.02 .682	-.01 .846	-.00 .903	-.03 .426	.00 .887	-.00 .939
War	.05 .244	-.05 .196	.01 .835	.03 .445	.03 .439	.02 .635
Domestic violence	.21 < .001	.04 .329	.15 < .001	.11 .009	.16 < .001	.15 < .001
Abuse	.18 < .001	.01 .775	.12 .003	.04 .383	.12 .005	.11 .008
Death of a parent	.12 .005	.05 .191	.15 < .001	.01 .798	.10 .017	1.1 .009
Death of a spouse or partner	.10 .020	.07 .088	.10 .012	.04 .296	.09 .035	.10 .011
Wildfire	.07 .086	.10 .014	.07 .114	.01 .734	.07 .076	.08 .048
Institutionalization	.04 .352	.024 .565	.04 .313	.06 .142	.03 .470	.05 .267

Note: *P* values are reported under correlation coefficients.

Table 34 continued

Risk Factors	Self Reliance	Meaning	Equanimity	Perseverance	Existential Aloneness	Resilience Score
Substance abuse	.06 .134	.00 .921	.07 .115	-.02 .571	.01 .848	.03 .427
Parental substance abuse	.16 < .001	.03 .483	.10 .020	-.02 .619	.08 .048	.09 .028
Diagnosed parental mental illness	.11 .006	.01 .881	.06 .139	.04 .337	.06 .134	.06 .132
Other	.07 .087	.04 .335	-.02 .582	.02 .698	.01 .753	.03 .537

Note: *P* values are reported under correlation coefficients.

Counseling trainees who reported that they had experienced poverty in their lives were statistically significantly different from those who did not report poverty as one of their risk factors on their level of self reliance ($p < .001$, $d = .3$), equanimity ($p < .001$, $d = .3$), perseverance ($p < .001$, $d = .01$), meaning ($p = .004$, $d = .04$), and their overall resilience score ($p = .006$, $d = .2$) (see Table 35). Although the *t* test showed that the means between those who reported exposure to poverty and those who did not report it were significantly different on their level of self-reliance, equanimity, perseverance, meaning, and the overall resilience score, the effect size was small to medium. The Cohen's *d* ranged between .01 and .3, which means that poverty by itself accounted for 1% to 30% of the overall variance. Inspection of the two group means indicates that the average score on all five resilience characteristics and the resilience score were higher for those who experienced poverty than for those who did not report experiencing poverty. Those who experienced poverty were not significantly different from those who did not experience it on their level of existential aloneness.

Table 35

Comparison Of Resilience Characteristics And Resilience Score Between Those Who Reported Poverty As A Risk Factor In Their Lives, And Those Who Did Not Report It

Resilience Characteristics	Poverty	n	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Self reliance	No	415	5.87	.75	-4.093	583	.001
	Yes	170	6.16	.81			
Equanimity	No	415	5.20	.91	-3.749	583	.001
	Yes	170	5.51	.89			
Perseverance	No	415	5.79	.75	-.231	583	.001
	Yes	170	5.80	.87			
Existential aloneness	No	415	5.61	.86	-2.867	583	.817
	Yes	170	5.83	.88			
Meaning	No	415	5.80	.78	-.463	583	.004
	Yes	170	5.84	.87			
Resilience Score	No	415	141.42	17.20	-2.733	583	.006
	Yes	170	145.80	18.57			

As is indicated in Table 36, counseling trainees who reported domestic violence were statistically significantly different from those who did not report it on their level of self reliance ($p < .001$, $p = .4$), equanimity ($p < .001$, $d = .3$), perseverance ($p = .003$, $p = .2$), existential aloneness ($p < .001$, $d = .3$), meaning ($p < .001$, $d = .1$), and their overall resilience score ($p < .001$, $d = .3$). Although the t test showed that the means between those who reported exposure to domestic violence and those who did not report it were significantly different on their level of self reliance, equanimity, perseverance, existential aloneness, meaning, and the overall resilience score, the effect size was small to medium. The Cohen's d ranged between .1 and .4, which

means that domestic violence by itself accounted for 10% to 40% of the overall variance.

Inspection of the two group means indicates that the average score on all five resilience characteristics and the resilience score was higher for those who experienced domestic violence than for those who did not report it.

Table 36

Comparison of Resilience Characteristics and Resilience Score Between those who Reported Domestic Violence as a Risk Factor and those who did not report it

<i>Resilience Characteristics</i>	<i>Domestic Violence</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Self reliance	No	469	5.88	.810	-4.707	583	< .001
	Yes	116	6.25	.581			
Equanimity	No	469	5.22	.924	-3.637	583	< .001
	Yes	116	5.56	.843			
Perseverance	No	469	5.74	.817	-2.948	583	.003
	Yes	116	5.98	.646			
Existential aloneness	No	469	5.60	.892	-3.835	583	< .001
	Yes	116	5.95	.737			
Meaning	No	469	5.79	.838	-1.517	583	< .001
	Yes	116	5.91	.688			
Resilience Score	No	469	141.27	18.199	-3.943	583	< .001
	Yes	116	148.43	14.278			

Counseling trainees who reported that they had experience abuse in their lives were statistically significantly different from those who did not report it on their level of self-reliance ($p < .001$, $d = .3$) and equanimity ($p = .005$, $d = .2$). Although the t test showed that the means

between those who reported exposure to abuse and those who did not report it were significantly different on their level of self-reliance and equanimity, the effect size was small to medium. The Cohen's d ranged between .2 and .3, which means that abuse by itself accounted for 20% to 30% of the overall variance. Inspection of the two group means indicates that the average score on all five resilience characteristics and the resilience score was higher for those who experienced abuse than those who did not report it. Those who experienced abuse were not significantly different from those who did not experience it on their level of perseverance ($p = .532$), existential aloneness ($p = .014$), meaning ($p = .820$), or their overall resilience score ($p = .018$). In Table 37, the comparison between those who reported abuse and those who did not report abuse in terms of their resilience characteristics and their resilience score is presented,

Table 37

Comparison of Resilience Characteristics and Resilience Score Between Those Who Reported Abuse and Those Who Did Not Report It

Resilience Characteristics	Abuse	n	M	SD	t	df	p
Self reliance	No	420	5.87	.797	-3.836	583	< .001
	Yes	165	6.15	.718			
Equanimity	No	420	5.22	.905	-2.846	583	.005
	Yes	165	5.46	.933			
Perseverance	No	420	5.78	.770	-.625	583	.532
	Yes	165	5.82	.844			
Existential aloneness	No	420	5.62	.878	-2.464	583	.014
	Yes	165	5.81	.848			
Meaning	No	420	5.81	.806	-.228	583	.820
	Yes	165	5.82	.826			
Resilience Score	No	420	141.60	17.683	-2.381	583	.018
	Yes	165	145.46	17.535			

Counseling trainees who reported that they had experienced the death of a parent were statistically significantly different from those who did not report it on their levels of self reliance ($p = .005$, $d = .2$), equanimity ($p = .001$, $d = .3$), existential aloneness ($p = .005$, $d = .2$) and their overall resilience score ($p = .006$, $d = .2$).

Although the t test showed that the means between those who reported the death of a parent and those who did not report it were significantly different on their level of self reliance, equanimity, existential aloneness, and the overall resilience score, the effect size was small to medium. The Cohen's d ranged between .2 and .3, which means that the death of a parent by itself accounted for 20% to 30% of the overall variance.

Inspection of the two group means indicates that the average score on all five resilience characteristics and the resilience score were higher for those who experienced the death of a parent than for those who did not report it (see Table 38). Those who experienced the death of a parent were not significantly different from those who did not experience it on their level of perseverance ($p = .418$) or meaning ($p = .095$).

Table 38

Comparison Of Resilience Characteristics And Resilience Score Between Those Who Reported The Death of A Parent As A Risk Factor In Their Lives, And Those Who Did Not Report It

Resilience Characteristics	Death of a Parent	n	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Self reliance	No	483	5.91	.814	-2.788	583	.005
	Yes	102	6.15	.587			
Equanimity	No	483	5.23	.923	-3.497	583	.001
	Yes	102	5.58	.844			
Perseverance	No	483	5.78	.811	-.810	583	.418
	Yes	102	5.85	.688			
Existential aloneness	No	483	5.63	.902	-2.790	583	.005
	Yes	102	5.89	.689			
Meaning	No	483	5.79	.835	-1.674	583	.095
	Yes	102	5.93	.675			
Resilience Score	No	483	141.76	18.306	-2.777	583	.006
	Yes	102	147.09	13.816			

Counseling trainees who reported that they had experienced parental substance abuse were statistically significantly different from those who did not report it on their level of self-reliance ($p = .005$, $d = .2$). Although the t test showed that the means between those who reported parental substance abuse and those who did not report it were significantly different on their level of self-reliance, the effect size was small to medium. The Cohen's d was .2, which means that parental substance abuse by itself accounted for 20% of the overall variance. Inspection of the two group means indicates that the average score on four resilience characteristics (self reliance, equanimity, existential aloneness, meaning) and the resilience score were higher for those who experienced parental substance abuse than for those who did not report it. The average

score for perseverance was lower among those who experienced parental substance abuse than those who did not report it. Those who experienced parental substance abuse were not significantly different from those who did not experience it on their levels of equanimity ($p = .029$), perseverance ($p = .365$), existential aloneness ($p = .142$), meaning ($p = .766$), or their overall resilience score ($p = .158$). In Table 39, the comparison between those who reported abuse and those who did not report abuse is presented.

Table 39

Comparison of Resilience Characteristics and Resilience Score Between Those Who Reported Parental Substance Abuse and Those Who Did Not Report It

Resilience Characteristics	Parental Substance Abuse	n	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Self reliance	No	430	5.90	.762	-2.803	583	.005
	Yes	155	6.10	.828			
Equanimity	No	430	5.24	.898	-2.192	583	.029
	Yes	155	5.43	.963			
Perseverance	No	430	5.81	.753	.906	583	.365
	Yes	155	5.74	.888			
Existential aloneness	No	430	5.64	.859	-1.472	583	.142
	Yes	155	5.76	.909			
Meaning	No	430	5.81	.784	-.298	583	.766
	Yes	155	5.83	.885			
Resilience score	No	430	142.0767	17.042	-1.414	583	.158
	Yes	155	144.4210	19.405			

- H2b: Resilience characteristics are significantly associated with the specific protective factors of the existence in one's life of a person who provides unconditional positive regard, support, and compassion; a school that establishes high expectations; and the existence in one's life of opportunities for meaningful participation in the community.

Statistical results indicating relationships among resilience characteristics and protective factors are depicted in Table 40. Only one resilience characteristic was significantly associated with one protective factor from the total of 3. Only those who reported having meaningful opportunities for participation in the community were significantly different on their levels of meaningfulness from those who did not report having opportunities for meaningful participation in the community. Two protective factors were not significantly associated with any resilience characteristics or the resilience score (having at least one person who provides unconditional positive regard, support, and compassion; and having a school that establishes high expectations). Among all possible associations involving resilience characteristics and protective factors (5 resilience characteristics x 3 protective factors = 15), significant associations accounted for 6.7% of all possible associations.

Table 40

Spearman Correlation Results of Participant's Protective Factors, Resilience Characteristics, and Resilience Score

Protective Factors	Self Reliance	Meaning	Equanimity	Perseverance	Existential Aloneness	Resilience Score
At least one person who provides unconditional positive regard, support, and compassion	-.04 .288	.07 .073	.03 .481	.01 .863	-.02 .602	.01 .809
A school that establishes high expectations	.03 .539	.07 .081	.01 .770	.05 .207	-.04 .393	.04 .384
Opportunities for meaningful participation in the community	.09 .037	.16 < .001	.06 .133	.08 .060	.01 .825	.10 .022

Note: *P* values are reported under correlation coefficients.

As depicted in Table 41, counseling trainees who reported opportunities for meaningful participation in the community were statistically significantly different from those who did not report such opportunities on their level of meaning ($p < .001$, $d = .3$). Although the *t* test showed that the means between those who reported opportunities for meaningful participation in the community and those who did not report it were significantly different on their level of meaning, the effect size was small to medium. The Cohen's *d* was .3, which means that having opportunities for meaningful participation in the community by itself accounted for 30% of the overall variance.

Those who reported opportunities for meaningful participation in the community reported a higher level of meaning; defined as the realization that life has a purpose and the valuation of one's contributions (Wagnild & Young, 1993), than those who did not report it. Inspection of the two group means indicates that the average score on the five resilience characteristics (self

reliance, equanimity, perseverance, existential aloneness, and meaning) and the resilience score were higher for those who reported having opportunities for meaningful participation in the community than those who did not report them. Those who reported having opportunities for meaningful participation in the community were not significantly different from those who did not report them on their level of self reliance ($p = .170$), equanimity ($p = .107$), perseverance ($p = .093$), existential aloneness ($p = .826$), or their overall resilience score ($p = .048$).

Table 41

Comparison of Resilience Characteristics and Resilience Score Between Those Who Reported Having Opportunities for Meaningful Participation in The Community, and Those Who Did Not Report them.

Resilience Characteristics	Opportunities for Meaningful Participation in the Community	n	M	SD	t	df	p
Self reliance	No	62	5.82	.654	-1.374	583	.170
	Yes	523	5.97	.798			
Equanimity	No	62	5.11	.950	-1.614	583	.107
	Yes	523	5.31	.913			
Perseverance	No	62	5.63	.772	-1.683	583	.093
	Yes	523	5.81	.792			
Existential aloneness	No	62	5.65	.869	-.220	583	.826
	Yes	523	5.68	.875			
Meaning	No	62	5.46	.816	-3.622	583	< .001
	Yes	523	5.85	.801			
Resilience Score	No	62	138.50	16.657	-1.979	583	.048
	Yes	523	143.19	17.782			

Research question 3

Research question 3 asked: What is the relationship between resilience characteristics and counseling program variables such as primary field of graduate study, number of credits earned, status in the program, professional affiliation, supervision, classes taken, role identification, participation in extracurricular activities, and CACREP/CORE-accreditation in master's-level counseling students?

- H3: Resilience characteristics are significantly associated with counseling-program variables of primary field of graduate study, number of credits, status in the program, professional affiliation, supervision, classes taken, role identification, and CACREP accreditation.

Statistical results indicating relationships among resilience characteristics and counseling program variables are presented in Table 42. Results showed that one to five resilience characteristics and the resilience score were significantly associated with four counseling program variables from the total of 40. Self-reliance was associated with two counseling-training program variables. Perseverance was associated with only one of the counseling program variables. Meaning, equanimity, existential aloneness and the resilience score were significantly associated with only two of the counseling-training program variables.

As to counseling-training program variables, four were significantly associated with one to five resilience characteristics and the resilience score (primary field of graduate study, belonging to the American Counseling Association, belonging to “other” professional

organization, and level of identification with the role of counselor), while 35 counseling-training program variables were not significantly associated with any resilience characteristics or the resilience score.

Level of identification with the role of counselor was significantly associated with the largest number of resilience characteristics (five), and the resilience score. Two counseling-training program variables (identification with the role of counselor and primary field of graduate study) were significantly associated with the overall resilience score. Among all possible associations involving resilience characteristics and counseling-training program variables (5 resilience characteristics x 40 counseling-training program variables = 200), significant associations accounted for 4.5% of all possible associations.

Table 42

*Pearson and Spearman Correlation Results of Participant's Counseling-Training-Program**Variables and Resilience Characteristics*

Counseling-Training-Program Variables	Self Reliance	Meaning	Equanimity	Perseverance	Existential Aloneness	Resilience Score
Primary field of graduate study	-.09 .019	-.044 .286	-.07 .063	-.05 .202	-.10 .009	-.09 .025
Credits earned	.06 .162	.06 .165	.06 .182	-.01 .834	.07 .107	.06 .156
Status in counseling program	-.00 .930	-.02 .623	.00 .980	-.03 .524	-.03 .495	-.02 .654
Belonging to a professional organization						
• American Counseling Association (ACA)	.11 .007	.11 .007	.05 .255	.05 .289	.09 .031	.10 .012
• State branch of ACA	.03 .454	.10 .016	.08 .067	.03 .551	.04 .305	.07 .112
• American School Counseling Association (ASCA)	.00 .923	.01 .835	-.02 .662	.07 .112	-.04 .367	.00 .993
• State branch of ASCA	-.06 .159	-.01 .881	-.02 .580	.03 .459	-.04 .354	-.02 .618
• American Mental Health Counseling Association (AMHCA)	.06 .176	.09 .036	.03 .493	.02 .649	.04 .404	.05 .217
• State branch of AMHCA	.03 .548	.05 .208	-.03 .541	.03 .466	.00 .959	.02 .560
• American Association of Marriage and Family Therapy (AAMFT)	.05 .191	.04 .299	.05 .224	.01 .808	.06 .159	.05 .213
• State branch of AAMFT	-.00 .975	-.02 .654	.04 .318	-.07 .117	.03 .369	.00 .911

Note: *P* values are reported under correlation coefficients.

Table 42 continued

Counseling-Training-Program Variables	Self Reliance	Meaning	Equanimity	Perseverance	Existential Aloneness	Resilience Score
• Other	.07 .109	.01 .020	.11 .010	.03 .422	.08 .059	.10 .024
Currently under supervision	-.02 .678	-.00 .912	.02 .569	-.02 .649	.01 .781	.00 .942
Classes taken or currently taking						
• Career development and life planning	.02 .555	.05 .244	.02 .687	.02 .718	.05 .225	.05 .251
• Theories of counseling	.01 .792	.04 .332	.06 .185	-.01 .878	.02 .572	.03 .467
• Counseling techniques	.00 .950	.03 .491	-.06 .161	-.01 .813	.02 .609	.02 .567
• Advanced counseling techniques	.02 .572	.00 .918	.10 .012	.00 .931	.05 .273	.05 .250
• Human growth and development	-.00 .910	.02 .607	.02 .618	-.05 .220	-.00 .948	-.00 .938
• Group work	.04 .366	-.03 .426	.02 .641	-.03 .541	.01 .806	.01 .825
• Multicultural counseling	.02 .567	-.00 .985	.04 .380	-.00 .917	.04 .339	-.03 .535
• Diagnosis/Psychopathology	-.06 .172	.02 .705	.04 .291	-.02 .599	.06 .184	.04 .375
• Assessment/Measurement/T esting	.03 .543	.04 .393	.06 .150	-.00 .937	.01 .861	.04 .399
• Research and program evaluation	.03 .514	.03 .504	.01 .750	.02 .593	.02 .574	.03 .455
• Crisis intervention counseling	.02 .556	.00 .975	.00 .942	-.01 .830	.012 .772	.01 .783

Note: *P* values are reported under correlation coefficients.

Table 42 continued

Counseling-Training-Program Variables	Self Reliance	Meaning	Equanimity	Perseverance	Existential Aloneness	Resilience Score
• Supervision in counseling	.06 .184	-.02 .683	.02 .688	-.02 .593	-.00 .964	.02 .694
• Ethical and professional issues	.05 .216	.04 .371	.09 .024	.03 .411	.09 .027	.08 .062
• Practicum in counseling	-.04 .363	-.04 .328	.01 .835	-.04 .377	-.04 .310	-.03 .479
• Internship in counseling	.02 .672	.01 .869	.03 .484	.02 .682	.05 .243	.03 .476
• Clinical mental health counseling	.08 .071	.04 .378	.07 .072	.04 .387	.09 .027	.07 .073
• School counseling	-.02 .586	.01 .751	.01 .792	-.01 .865	-.04 .364	-.01 .740
• Addictions counseling	.10 .020	.08 .049	.09 .028	.04 .378	.07 .091	.09 .028
• Marriage, couple and family counseling	.02 .606	.03 .413	.06 .156	-.08 .065	.02 .608	.01 .729
• Student affairs and college counseling	-.01 .807	.03 .516	-.03 .452	-.07 .071	-.01 .779	-.02 .586
Identification with role of counselor	.16 < .001	.15 < .001	.11 .007	.11 .007	.16 < .001	.17 < .001
CACREP/CORE accredited program	.00 .986	-.05 .262	-.04 .375	.02 .632	.03 .470	-.01 .875
Participation in extracurricular activities						
• Chi Sigma Iota	-.01 .781	-.03 .495	-.05 .227	-.03 .490	-.05 .200	-.04 .285
• Attendance to conferences	.06 .176	.08 .057	.06 .117	-.01 .830	.07 .096	.07 .105

Note: *P* values are reported under correlation coefficients.

Table 42 continued

Counseling-Training-Program Variables	Self Reliance	Meaning	Equanimity	Perseverance	Existential Aloneness	Resilience Score
• Presentation at conferences	.07 .072	.05 .222	.05 .255	.05 .219	.08 .065	.07 .107
• Participation in research studies	.08 .044	.08 .044	.04 .316	.04 .331	.02 .543	.07 .104
• Other	.00 .968	-.02 .615	-.03 .466	-.05 .230	.02 .545	-.03 .516

Note: *P* values are reported under correlation coefficients.

The primary field of graduate study variable was recoded into a new variable that only described four major groups (clinical mental health counseling, marital/couple/and family counseling, school counseling, and “other”). A one-way ANOVA was performed and the results showed that no statistically significant difference was found among the four levels of primary field of graduate study groups, neither on their overall resilience score nor on the five resilience subscales. The results from this analysis are presented on Table 43.

Table 43

One-Way Analysis of Variance Summary comparing Primary Field of Graduate Study on Resilience Characteristics and Resilience Score.

Resilience Characteristics		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Self reliance	Between Groups	4.15	3	1.385	2.263	.080
	Within Groups	355.59	581	.612		
	Total	359.74	584			
Equanimity	Between Groups	3.58	3	1.196	1.420	.236
	Within Groups	489.44	581	.842		
	Total	493.02	584			
Perseverance	Between Groups	.90	3	.299	.476	.699
	Within Groups	365.00	581	.628		
	Total	365.90	584			
Existential aleness	Between Groups	8.20	3	2.735	3.628	.013
	Within Groups	438.00	581	.754		
	Total	446.20	584			
Meaning	Between Groups	.97	3	.323	.489	.690
	Within Groups	383.76	581	.661		
	Total	384.73	584			
Resilience Score	Between Groups	1826.59	3	608.856	1.950	.120
	Within Groups	181385.59	581	312.196		
	Total	183212.16	584			

Counseling trainees who reported that they belong to the American Counseling Association (ACA) were statistically significantly different from those who did not report belonging to ACA on their level of meaningfulness ($t = -2.82$, $p = .005$, $d = -.2$).

Although the t test showed that the means between those who reported ACA membership

and those who did not report it were significantly different on their level of meaningfulness, the effect size was small to medium. The Cohen's d was -.2, which means that parental substance abuse by itself accounted for 20% of the overall variance.

Those who reported ACA membership presented a higher level of meaningfulness; defined as the realization that life has a purpose and the valuation of one's contributions (Wagnild & Young, 1993), than those who did not report professional affiliation with ACA. Inspection of the two group means indicates that the average score on the five resilience characteristics (self reliance, equanimity, perseverance, existential aloneness, and meaning) and the resilience score was higher for those who reported that they belong to the ACA than those who did not report it. Those who reported that they are members of ACA were not significantly different from those who did not report ACA membership on their level of self-reliance ($p = .037$), equanimity ($p = .444$), perseverance ($p = .363$), existential aloneness ($p = .056$), or their overall resilience score (.048). Comparison of resilience characteristics and resilience score between ACA and non ACA student members is presented in Table 44.

Table 44

Comparison Of Resilience Characteristics And Resilience Score Between Those Who Reported Belonging to the American Counseling Association and those who did not report it

Resilience Characteristics	American Counseling Association	n	M	SD	t	df	p
Self reliance	No	320	5.89	.790	-2.087	583	.037
	Yes	265	6.02	.772			
Equanimity	No	320	5.26	.900	-.767	583	.444
	Yes	265	5.32	.940			
Perseverance	No	320	5.76	.801	-.909	583	.363
	Yes	265	5.82	.779			
Existential aloneness	No	320	5.61	.887	-1.918	583	.056
	Yes	265	5.75	.853			
Meaning	No	320	5.73	.852	-2.825	583	.005
	Yes	265	5.92	.747			
Resilience Score	No	320	141.37	17.951	-1.984	583	.048
	Yes	265	144.29	17.318			

A one-way ANOVA indicated statistically significant differences between the four levels of identification with the role of counselor (completely different, very different, somewhat different, and no different), on their level of meaningfulness $F(3, 580) = 5.67, p = .001, \eta^2 = .03$, and the resilience score, $F(3, 580) = 3.87, p = .009, \eta^2 = .02$. Although the ANOVA showed that the means among the level of identification groups were significantly different on their level of meaningfulness and the overall resilience score, the effect size was small. The partial eta squared ranged between .02 and .03, which means that the level of identification with the role of counselor by itself accounted for only 2% to 3% of the overall variance.

A post hoc Tukey HSD test indicated significant differences in the level of meaningfulness between those who considered that as a person they are very different from whom they would be as a counselor and those who considered that as a person they are not different from whom they would be as a counselor ($p = .005$). Specifically, those who reported that as a person they are no different from whom they would be as a counselor presented a higher level of meaningfulness ($M = 5.92$) than those who reported that as a person they are very different from whom they would be as a counselor ($M = 4.70$).

Although the overall $F(3, 580) = 3.87, p = .009, \eta^2 = .02$ indicated statistically significant differences among groups, the post hoc Tukey HSD test indicated marginal statistically significant differences in the overall level of resilience between those who considered that as a person they are very different from whom they would be as a counselor, and those who considered that as a person they are not different from whom they would be as a counselor ($p = .035$). In Table 45 the ANOVA comparing the level of identification with the role of counselor, the resilience characteristics and the resilience score is presented.

Table 45

One-Way Analysis of Variance Summary comparing Level of Identification with the Role of Counselor on Resilience Characteristics and Resilience Score.

Resilience Characteristics		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Self reliance	Between Groups	5.87	3	1.957	3.209	.023
	Within Groups	353.81	580	.610		
	Total	359.68	583			
Equanimity	Between Groups	4.96	3	1.655	1.971	.117
	Within Groups	487.24	580	.840		
	Total	492.20	583			
Perseverance	Between Groups	3.91	3	1.306	2.093	.100
	Within Groups	361.94	580	.624		
	Total	365.86	583			
Existential aleness	Between Groups	7.92	3	2.641	3.495	.015
	Within Groups	438.18	580	.755		
	Total	446.10	583			
Meaning	Between Groups	10.96	3	3.656	5.676	.001
	Within Groups	373.61	580	.644		
	Total	384.58	583			
Resilience Score	Between Groups	3599.39	3	1199.79	3.877	.009
	Within Groups	179506.45	580	309.494		
	Total	183105.84	583			

Summary

In this chapter, the results of the study were presented. The first research question asked the participants about the relationship between background characteristics and their specific and overall resilience scores. Descriptive statistics were computed to describe the overall level of resilience, as well as important characteristics of the sample distribution. Pearson product moment correlations for continuous variables and Spearman correlations for discrete variables, as well as t-test for dichotomous variables and one-way ANOVAs for multiple group comparisons, were performed among resilience characteristics and background variables. To minimize the potential for a Type I error, a conservative p level of .01 was used.

Demographic variables were moderately correlated with the resilience score and the five resilience subscales. Results showed that each resilience characteristic and the overall level of resilience were associated with one to five background variables from the total of 10. Five background variables (sex, ethnicity, highest degree received, living situation, and international student status) were not significantly associated with any resilience characteristics.

The second research question asked the participants about the relationship between risk and protective factors and their specific and overall resilience score. Pearson product moment correlations for continuous variables and Spearman correlations for discrete variables, as well as t-test for dichotomous variables and one-way ANOVAs for multiple group comparisons, were performed among resilience characteristics and risk and protective variables. To minimize the potential for a Type I error, a conservative p level of .01 was used.

Risk factors were moderately associated with the resilience score and the five resilience subscales. Results showed that each resilience characteristic and the overall level of resilience were associated with one to six risk factors from the total of 14. Eight risk factors (poverty,

natural disaster, domestic violence, abuse, death of a parent, death of a spouse, parental substance abuse, and diagnosed parental mental illness) were significantly associated with one to four resilience characteristics and the resilience score. Six risk factors (terrorist attacks, war, wildfire, institutionalization, substance abuse and the “other” category) were not significantly associated with any resilience characteristics or the resilience score.

Protective variables were moderately associated with the resilience score and the five resilience subscales. Only one resilience characteristic was associated with one protective factor from the total of 3. Only those who reported having meaningful opportunities for participation in the community were significantly different on their levels of meaningfulness from those who did not report having opportunities for meaningful participation in the community. Two protective factors were not significantly associated with any resilience characteristics or the resilience score (having at least one person who provides unconditional positive regard, support, and compassion; and having a school that establishes high expectations).

The third research question asked the participants about the relationship between the counseling-training-program variables and their specific and overall resilience score. Pearson product moment correlations for continuous variables and Spearman correlations for discrete variables, as well as t-test for dichotomous variables and one-way ANOVAs for multiple group comparisons, were performed among resilience characteristics and counseling-training-program variables. To minimize the potential for a Type I error, a conservative *p* level of .01 was used.

Counseling-training-program variables were minimally associated with the resilience score and the five resilience subscales. Results showed that one to five resilience characteristics and the resilience score were significantly associated with four counseling program variables from the total of 40. Self-reliance was associated with two counseling-training program

variables. Perseverance was associated with only one of the counseling program variables.

Meaning, equanimity, existential aloneness and the resilience score were significantly associated with only two of the counseling-training program variables.

CHAPTER FIVE

DISCUSSION

In this chapter, the purpose of the study is briefly reviewed. Findings of the study are discussed. Limitations are reviewed. Implications for counseling training programs are provided. Finally, recommendations for future research are suggested.

Purpose of the Study

The general purpose of the study was to examine the resilience characteristics of master's-level counseling students. More specifically, the relationships between resilience and background characteristics, risk and protective factors, and counseling program variables were explored. With respect to the relationship between resilience characteristics and background variables in master's-level counseling students, it was hypothesized that resilience characteristics and the overall resilience score would be significantly associated with the background variables of age, sex, marital status, ethnicity, education, income, employment, living situation, sexual orientation, and international student status.

With respect to the relationship between resilience characteristics and specific risk and protective factors in master's-level counseling students, it was hypothesized that resilience characteristics would be significantly associated with specific risk factors such as poverty, natural disasters, terrorist attacks, and war; and that resilience characteristics would be significantly associated with the specific protective factors of the existence in one's life of a person who provides unconditional positive regard, support, and compassion; a school that establishes high expectations; and the existence in one's life of opportunities for meaningful participation in the community.

With respect to the relationship between resilience characteristics and counseling program variables, it was hypothesized that resilience characteristics would be significantly associated with counseling-program variables of primary field of graduate study, number of credits taken or currently taking, status in the program, professional affiliation, supervision, classes taken, role identification, and CACREP accreditation.

Significance of the Study

This study adds significantly to the small body of current literature regarding resilience factors among adults and the even smaller body of research concerning resilience in counselors and master's-level counseling students. It also contributes to establishing a line of research in the counseling field that typically has been in the hands of disciplines that are driven by the medical model such as psychiatry, psychology, and social work. The study of resilience by counseling professionals is appropriate given that both counseling and resilience are grounded in the wellness model, which focuses on individuals' strengths.

Although considerable attention has been given to the study of individuals coping with temporary or permanent adversity, studying the resilience characteristics of counseling students independently from their level of risk represents a potentially important contribution. Paraphrasing Collins (2007) regarding social work practitioners and using master's-level counseling students instead, it is expected that resilience will play a significant role in the lives of counseling students. For counseling trainees, resilience becomes a crucial tool when dealing with the particular demands of the work they are expected to do during their practicum and internship experiences and subsequently during their future work as counselors.

Connected to the idea of studying students' mental health from a wellness perspective, the use of resilience measurements is an alternative that is more congruent with the philosophy of

focusing on people's strengths. Resilience-based measurements are consistent with the wellness philosophy that drives counseling practice. These measures ultimately look for counseling trainees' strengths, resilience, and potential for resilience. The study of resilience characteristics of master's level counseling students offers evidence of the efficacy of using wellness-based assessments that are more aligned with the philosophical orientation of counseling students.

The study of resilience characteristics of master's-level counseling students may underscore a possible need for counselor education programs to adjust to the needs of counseling trainees, particularly to their personal and professional challenges as future mental health professionals. The identification of resilience characteristics of master's-level counseling students may encourage counseling programs to adapt their curriculum as well as academic culture in a way that will foster such resilience. The identification of explanatory variables that contribute to resilience in master's-level counseling students may assist counselor education programs and supervisors in implementing strategies that promote resilience, and thus help to prevent counseling students and practitioners from becoming impaired. Also, because being a counselor could be considered a stressful and demanding job that could potentially lead to personal and professional impairment, the antecedent factors that promote resilience and maintain a sense of wellbeing are worthy of study.

The information obtained with this study can be used by counselor education programs in designing interventions for master's-level counseling students at risk. This is important not only for addressing the individual difficulties that students may present in terms of their personal and professional adjustment, but also for the attention that counseling programs give to counseling students' responses to contemporary stressors like natural disasters, economic hardship, and terrorism. In support of the importance of exploring the resilience characteristics of individuals,

Klohen (1996) stated that emotional resilience has clear implications for their adaptive capacities under conditions of environmental stress, conflict, or uncertainty.

Additionally, the data obtained may inform counseling programs about opportunities for intervention with master's-level counseling students in order to foster important personal and professional adjustment factors such as self-efficacy, competence, self-care, and sense of personal wellbeing.

The information from this study is a source of encouragement for counselor education programs to include positive mental health indicators, strategies for the promotion of personal wellbeing, and assessment instruments in the selection, formation, and evaluation of counseling trainees. According to Myers et al. (2003), the Council for Accreditation of Counseling and Related Educational Programs (CACREP) mandates a systematic assessment of counseling students' progress throughout the program; however, there is little available information concerning how to select counselor trainees based on positive mental health, effective strategies for promoting personal development, or strategies for screening and reviewing student personal growth. The assessment of resilience characteristics of counseling trainees, as well as the incorporation into a counselor education curriculum of strategies to foster students' capability to cope with adversity, will facilitate trainees' navigation through the program and their future performance as counselors. This ultimately will help to improve the well-being of their clients.

Discussion of Findings

General Findings

As expected, the majority of master's level counseling students reported moderately-high to high levels of resilience (46.7%) or moderately-low to moderate levels of resilience (41%).

These findings are similar to other studies suggesting that adults appear to present a significant level of resilience after adversity (Bonanno et al., 2006). At the same time, the findings of this study indicate a higher proportion of resilient adults among master's-level counseling students than among other adult populations. Bonanno et al. (2006) reported that in the aftermath of the terrorist attack of September 11, 2001, more than half of adult respondents (65.1%) demonstrated some level of resilience. In this study, 87.7% of adult participants presented moderately-low to high levels of resilience. These findings are an indication that master's-level counseling students are not just a resilient population of adults, but that they may present a higher level of resilience than other adult populations.

Although the majority of participants reported moderately-low to high levels of resilience, 12.3% ($n = 72$) reported a low level of resilience. This finding suggests that among some master's-level counseling students there is still a considerable level of vulnerability that needs to be addressed. This indication that 12 of 100 students who are accepted into a counseling training program present a low level of resilience accentuates the importance of the role of counseling training programs in fostering the resilience of counseling trainees, particularly given the natural life challenges of adulthood combined with those of working in a helping profession.

The level of resilience that is manifested is partially determined by the accumulated effect of variables; few such variables were present for some master's-level counseling students in this study, while many variables were present for others. In general, the level of resilience of the counseling trainee population is not a stable phenomenon. As has been pointed out by some authors, resilience is a dependent variable that may increase or decrease primarily as a function

of the interaction between risk and protective factors (Egeland, Carlson & Sroufe, 1993; Garmezy, 1995; Masten, 1994).

Participants also presented a moderate to high level of resilience as indicated by their mean scores on the five subscales that corresponded to the resilience characteristics. A score of five indicated a slight level of agreement, a score of six a moderate level of agreement, and a score of seven indicated a strong level of agreement. On average, master's level counseling students scored the highest in their level of self-reliance, described as the belief in one's self and capabilities ($M = 5.95$); followed by their level of meaningfulness, described as a sense of purpose in life ($M = 5.81$); their level of perseverance, explained as the ability to keep going despite setbacks ($M = 5.79$); their level of existential aloneness, defined as the recognition of one's unique path and the acceptance of one's life ($M = 5.67$); and their level of equanimity, described as a balanced perspective in life ($M = 5.29$). An example of an attitude that promotes resilience, and that is part of the equanimity subscale, is the individual's capability to find something to laugh about. In this study, an overwhelming 90.6% of the respondents situated themselves in high level of agreement with this statement. This finding is consistent with current research on positive emotions as indicators or facilitators of resilient adjustment after situations of adversity. Researchers have suggested that positive emotions can help reduce levels of distress following or in the midst of aversive events (Bonanno, 2008; Munro & Edward, 2008).

In this study, the internal consistency reliability of the 25 items of the *Resilience Scale* was .93. This level of reliability indicates that for this population, the *Resilience Scale* is a reliable instrument to measure resilience. The internal consistency reliability scores for the five subscales: self-reliance (.82), perseverance (.74), equanimity (.76), meaningfulness (.78), and

existential aloneness (.74), also indicate that the five resilience characteristics (factors) constitute a reliable measurement of resilience.

In comparison to the American Counseling Association (ACA) general membership (ACA, August 1, 2010), there was a lower percentage of males (13%) in this study as compared to the percentage of males in ACA (26.8%). This difference on the proportion of males and females suggests that caution should be taken when generalizing these results to the male counseling trainees.

In terms of ethnicity, a similar percentage of African American master's-level counseling students participated in this study (8.0%) compared to the ACA general membership (7.8%). The percentage of European Americans/Caucasians who participated in this study (78.8%) is similar to that of the ACA general membership (82.93%). Asia/Asian Americans who participated in this study (2.4%) are similar in proportion to those in the ACA membership (2.05%). A somewhat larger percentage of Latino/Hispanics participated in this study (7.7%) than are found in the ACA general membership (3.6%). Finally, those who reported "other" to describe their ethnicity and who participated in this study (3.1%) are somewhat different in proportion to those in the ACA general membership (7.11%).

In terms of household income, master's-level counseling students who participated in this study and who reported a household income of less than \$10,000 (18.8%) are similar in proportion to those in the ACA general membership (21.33%). A slightly higher percentage of students in this study reported a household income between \$10,000 and \$19,999 (13.5%) than was reported by those in the ACA general membership (7.0%). Students in this study who reported a household income between \$20,000 and \$29,999 (11.6%) were also similar in proportion to those in the ACA general membership (11.2%). Students who reported a household

income between \$30,000 and \$39,999 (13.1%) were comparable to those in the ACA general membership (17.3%). A smaller percentage of students reported a household income between \$40,000 and \$49,999 (8.8%), as compared to the ACA general membership (15%). Finally, students who reported a household income of \$50,000 and over (34.2%) are somewhat similar in proportion to those in the ACA general membership (27.9%). These comparisons suggest that the sample in this study is generally representative of the population of members of the American Counseling Association.

When classified according to age group, 61.2% of master's level counseling students who participated in the study were young adults (20 to 29 years old), 21.1% were middle age adults (30 to 39 years old), and 17.7 were older adults (40 years and older).

In terms of previous education, 78.8 % of the participants held a bachelor's degree and 16.8% held a master's degree. The last two dimensions, age and degree held, were not reported in the ACA general membership report so comparisons with this sample were not possible.

Relationship Among Background Variables, Resilience Characteristics and the Overall Resilience Score

Research question 1 explored the relationship between participants' demographic information and their level of resilience as represented by their scores on five resilience characteristics (self-reliance, meaningfulness, equanimity, perseverance, and existential aloneness) and the overall resilience score. One of the main objectives in exploring this relationship was to establish what demographic characteristics were significantly associated with specific resilience characteristics and with the overall level of resilience.

In general, background factors were moderately correlated with the five resilience characteristics and the overall resilience score. The results obtained from master's-level

counseling students indicate that among the demographic factors explored, only age, marital status, household income, employment status, and sexual orientation were significantly associated with one to four resilience characteristics and the overall resilience score. A moderate relationship between demographic factors and resilience was also reported in a study that described the resilience characteristics of master's-level international students (Wang, 2009).

Group differences on resilience characteristics and resilience score were statistically significant among the age, marital status, household income, ethnicity, and living situation groups. No statistically significant differences were found among the sex, highest degree received, employment status, sexual orientation, and international student status groups. These findings are discussed in more detail in the following sub-sections.

Age.

The small body of literature that examines the phenomenon of therapist resilience supports the conclusion that resilient therapists tend to be older and more experienced (Rosenberg & Pace, 2006). In this study, younger master's level counseling students between the ages of 20 and 29 presented a lower level of resilience than older master's level counseling students (40 years of age or older). This finding lends support to the findings of Rosenberg and Pace (2006). Older adult participants in this study, in comparison with young adult participants, appear to have a higher level of equanimity, or a more balanced perspective in life. Older adult participants, in comparison with young and middle age adult participants, also presented a higher level of existential aloneness, defined as the recognition of one's own path and acceptance of one's own life. The findings in this study support the results of the majority of studies that resilient responses were higher among older adults (Bonnano, Galea, Bucciarelli & Vlahov, 2006; Keith et al., 2006). Contradictory findings, however, were presented by Gillespie,

Chaboyer, Wallis, and Grimbeek (2007), who found that age was not associated with resilience at a statistically significant level in a study of professionals exposed to a highly stressful job, such as operating room nurses.

One possible explanation for the differential effect that age seems to have in the level of resilience of counseling students can be drawn from Keith et al's (2006) study of resilience among adult students in relationship to academic success. In their study, it was hypothesized that adult students may draw strength and receive support from their accumulated roles (as parents, partners, workers), as well as from professors who fostered campus comfort, followed by expectations for and demands of class work and academic performance.

Marital Status.

The ANOVA for marital status groups indicated that master's-level counseling students who were separated were the most resilient among all the marital status groups, followed by those who were widowed, divorced, and those who were married. The group that appeared to be less resilient was the "partnered" group. Those who were separated presented a higher level of resilience in each one of the five resilience categories, except for existential aloneness. The divorced group reported a significantly more balanced perspective in life than the partnered group. The divorced group also reported a higher recognition of their own path as well as acceptance of their own lives than the partnered and the widowed groups. Bonanno et al. (2006) suggested, by contrast, that married participants were the most resilient group, followed by the single group, and then the widowed group. The findings of the present study support one finding of Bonanno et al.'s (2006) study, that those who presented themselves as partnered were the least resilient group.

Two possible explanations for the higher resilience scores of the separated group could be the accumulated experience of multiple life transitions and Wolin's concept of healthy distance. On the one hand, separated individuals have experienced important life transitions (single to married, married to separated) that might have provided them with additional coping skills. It is also possible that this higher level of resilience could be related to a higher level of independence among separated individuals. According to Wolin (1993), resilient individuals express a high level of independence, which is described as the capability to keep a healthy distance between oneself and other people and knowing how to step away from people who seem to make things worse in our lives. Separated individuals might demonstrate a higher level of independence than other groups, which is positively manifested in this case by their decision to establish a healthy distance with a dysfunctional partner.

With respect to the marital status group that presents the lowest level of resilience, the partnered group, a possible explanation for their lower resilience scores could be related to the possibility that the situation of partnership may be associated with a perceived unresolved definition of the relationship. Individuals may perceive this state of partnership as a sign of instability, which threatens their sense of equanimity, defined as a balanced perspective of one's life and experiences. In fact, partnered individuals scored the lowest ($M = 5.0$) in their level of equanimity, not just in relationship with other marital status groups, but also in relationship with their other resilience characteristics.

Ethnicity.

In terms of ethnicity, the results of this study indicate that African American master's level counseling students are in general more resilient ($M = 149.53$) than any other ethnic group, although the difference was only marginally significant ($p = .012$). Following in order of level

of resilience were the “other” group ($M = 148.62$), the Latino/Hispanic group ($M = 145.64$), and the European American/White group ($M = 141.59$). The Asian / Asian American master’s-level counseling students were the group that appeared to be less resilient ($M = 138.8$). Although a very low percentage (13%) of participants in this study reported being exposed to terrorist attacks, Bonanno, Galea, Bucciarelli, and Vlahov (2006) found that Asian participants were the most resilient group followed by Whites, and then African Americans in the aftermath of this type of adversity.

African American/Black students reported a significantly ($p = .001$) higher level of equanimity, that is, a more balanced perspective in life than European American/White students. African American students also reported a higher level of existential aloneness, defined as the recognition of their own path and acceptance of their own life (Wagnild & Young, 1993).

The higher resilience scores of African American/Black students could be related to additional sources of resilience that are connected to their status as an ethnic minority group. An example of these additional sources of protection for African Americans is provided by Utsey, Hook, Fisher and Belvet (2008), who demonstrated that cultural orientation was a significant predictor of ego-resilience, optimism, and subjective wellbeing. Specifically, the data gathered in Utsey et al.’s (2008) study indicated that religiosity and racial pride positively predicted psychological resilience and wellbeing.

The contradictory results in terms of the Asian/Asian American group scoring as the least resilient group could be related to the low number of participants from this group that were included in of the sample.

Household income.

Bonanno et al. (2006) reported high levels of resilience (second after the \$100,000 + category) among their participants in the \$40,000 to \$49,000 income category. The results of the present study support this finding. Analysis of the household income variable indicated that those who reported an income between \$40,000 and \$49,999 were more resilient than any other household income group. Master's-level counseling students who reported a household income under \$10,000 were the least resilient of all the household income groups. In Bonnano et al's (2006) study, the least resilient group was also the lowest household income category. the under \$10,000 income group presented the lowest scores in their levels of self reliance, equanimity, perseverance, existential aloneness and meaningfulness in comparison with any other household income group.

Possibly, with less resources available the level of economic dependence may increase, which could affect the individual's sense of self-reliance. Also, having fewer economic resources could affect individuals' perception of the value of their contribution to their own sustainability or that of their family, which might in turn affect their sense of meaning as defined by Wagnild and Young (1993). In addition, a lower level of economic resources could represent a constant threat to the individual's sense of economic stability, which in turn would affect his or her capability to maintain an overall sense of equanimity. Possibly, economic difficulties associated with a lower income level could represent a threat to individuals' willingness to continue fighting any additional struggles in their life, which would affect their overall sense of perseverance. Finally, with respect to existential aloneness, for some people, economic accomplishments are an important indicator of success.

Living situation.

Participants reported on their living situation. Although there were no statistically significant differences in the overall level of resilience among groups, those who live with children reported on average a higher level of resilience, followed by those who live with their spouse and children, and those who live with their spouse. Those who live with relatives reported the lowest overall level of resilience. In terms of the resilience characteristics, those who live with children were found to have a higher level of existential aloneness, defined as the recognition of their own unique path, as well as acceptance of their own lives (Wagnild & Young, 1993), than those who live with friends, and those who live with relatives. The higher resilience scores of those who live with children could be associated with the fact that having children represents a significant source of meaning.

Benard (2004) stated that having a sense of purpose and future in life is one of the most important sources of individual protection against adversity. The lower resilience scores of those living with relatives could be associated with their level of self-reliance. In this study, the most frequent relatives mentioned by participants were their parents. Participants could perceive living with parents as a sign of dependency, which could be negatively correlated with their level of self-reliance.

Sex.

The results of this study support the findings of Werner and Smith (2002), who found no statistically significant difference in levels of resilience based on sex. Female master's-level counseling students in this study were on average more resilient than males, but the difference was not statistically significant. Bonnano, Galea, Bucciarelli, and Vlahov (2006) presented evidence of a higher level of resilience (measured as the presence of zero or one PTSD

symptom) among males than females although these findings described resilience as a response to the specific risk of terrorist attacks.

Relationship Among Risk Factors, Resilience Characteristics and the Overall Resilience Score.

Research question 2 explored the relationship between participants' risk factors and their level of resilience as represented by their scores on five resilience characteristics (self-reliance, meaningfulness, equanimity, perseverance, and existential aloneness) and the overall resilience score. One of the main objectives in exploring this research question was to establish what specific risk factors were significantly associated with specific resilience characteristics and with the overall level of resilience.

Risk factors were moderately correlated with three resilience characteristics (self-reliance, equanimity, and existential aloneness) and the overall resilience score. The results obtained from master's-level counseling students indicated that among the risk factors explored, only poverty, domestic violence, abuse, death of a parent, parental substance abuse, and diagnosed parental mental illness were significantly associated with one to three resilience characteristics and the overall resilience score.

These findings with respect to risk factors and their association with resilience seem to corroborate Benard's (2004) assumption that most people, even those from highly stressed families or resource-deprived communities, manage to make a decent future for themselves. In the present study, between 1.4% and 29% of the participants reported exposure to one or more risk factors throughout their lives, yet 87.7% of them also reported moderate to high levels of resilience. Group differences on resilience characteristics and resilience score appeared to be statistically significant among those exposed to poverty, domestic violence, abuse, death of a

parent, and parental substance abuse. It appears that most of the risk factors that have a higher correlation with master's-level counseling students' level of resilience are related with family factors (poverty, domestic violence, abuse, death of a parent, and parental substance abuse). All, with the possible exception of poverty, seem to represent a form of family dysfunction that might have affected them in a chronic way. Also, it appears that, in general, the risk factors that have a lower correlation with participants' level of resilience correspond to unusual environmental influences that could have affected participants at a later stage in their lives and in a more acute way. No statistically significant differences on resilience characteristics and resilience score were found among those who experienced natural disasters, terrorist attacks, war, death of a spouse or partner, wildfire, institutionalization, substance abuse, diagnosed parental mental illness, and the "other" category groups. These findings are discussed in more detail in the following sub-sections.

Poverty

Gamezy (1991) identified multiple risk factors associated with being born and living in conditions of poverty, specifically high levels of stress and lower possibilities for self-care. At the same time, Gamezy (1991) has pointed out the tremendous resilience that individuals display when facing resource-deprived conditions. The results from this study indicated statistically significant differences between those who reported exposure to poverty and those who did not report experiencing it on their overall resilience score and the five resilience characteristics. Those master's-level counseling students who experienced poverty were in general more resilient ($M = 145.80, p = .006$) than those who did not report experiencing it ($M = 141.42, p = .006$). In terms of their resilience characteristics, students who reported experiences of living in poverty presented a higher level of self-reliance ($M = 6.16, p < .001$); they believed in

themselves and their capabilities more than those who did not report experiencing it. They also appeared to have a higher level of equanimity ($M = 5.51, p < .001$), defined as a more balanced perspective in life. They presented a higher level of perseverance as well ($M = 5.80, p < .001$); which means they have the ability to keep going despite setbacks, and have a clearer sense of purpose in life. The results of this study lend empirical support to Garmezy's assertion that individuals may display high levels of resilience despite exposure to significant risk factors such as economic deprivation.

Domestic violence

Masten and Coastworth (1998) noted domestic violence as one of the most significant risk factors for young adults. Master's-level counseling students in this study reported their exposure to domestic violence as a risk factor. Those who experienced domestic violence were more resilient ($M = 148.43, p < .001$) than those who did not report experiencing it ($M = 141.27, p < .001$). In general, participants who had experienced domestic violence had a significantly higher level of self-reliance ($M = 6.25, p < .001$), equanimity ($M = 5.56, p < .001$), perseverance ($M = 5.98, p < .003$), existential aloneness ($M = 5.95, p < .001$), and meaningfulness ($M = 5.91, p < .001$). The findings can be used to explain also how the exposure to significant risk factors such as domestic violence appears to be associated with lower levels of overall resilience among young adults in comparison with older adults. In this study, as the study conducted by Humphrey (2003) with battered women, those exposed to domestic violence presented on average a higher level of resilience than those exposed to other types of adversity. Results of the present study lend support to findings such as those of Humphrey (2003), that despite the exposure to domestic violence, individuals are able to adjust and to be productively involved in helping others.

Abuse

In general, participants who reported experiences of abuse were not found to be more resilient than those who did not report experiencing it; however, students who reported abuse as one of their risk factors reported a higher level of self-reliance ($M = 6.15, p < .001$); they believed more in themselves and their personal capabilities than those who did not report experiencing abuse ($M = 5.87, p < .001$). They also appear to have a higher level of equanimity, a more balanced perspective in life. The ability to think well of oneself as a resilience characteristic has been found in other studies of victims of abuse, particularly those exposed to sexual abuse. Valentine and Feinauer (1993) found that, for individuals exposed to sexual abuse, believing in themselves was essential to taking the steps to move away from home, go back to school, start a career, and get into good relationships and out of bad ones.

Death of a Parent

Available literature suggests that resilience to the unsettling effects of interpersonal loss is not rare, but in fact is common. Resilience after a loss appears to indicate healthy adjustment (Bonanno, 2008). In support of this line of findings, master's level counseling students in this study who had experienced the death of a parent were in general more resilient ($M = 147.09, p < .006$) than those who did not report this kind of loss ($M = 141.76, p < .006$). Participants who had experienced the death of a parent presented higher levels of self-reliance, which is described as the inclination to believe more in oneself and one's capabilities (Wagnild & Young, 1993). These participants also reported a higher level of equanimity; suggesting that they have a more balanced perspective in life. They also reported a higher level of existential aloneness, suggesting that they have come to the realization (and embrace it) that while some experiences are shared with others, each person's path is unique (Wagnild & Young, 1993).

No previous study has examined the specific relationship between the death of a parent and resilience characteristics displayed by those individuals exposed to this specific adversity. These findings add to the knowledge base with respect to the relationship between death of a parent and individual resilience in adults.

Parental substance abuse

Finally, master's-level counseling students reported the relationship between the experiences of having a parent with a substance abuse problem and their own levels of resilience and resilience characteristics. In general, participants who experienced parental substance abuse were not significantly different in the overall level of resilience and most of the resilience characteristics from those who had not experienced such adversity; however, they appeared to have a higher level of self-reliance which is defined as the belief in oneself and one's capabilities (Wagnild & Young, 1993).

Summary

It is important to note that the resilience of master's level counseling students is evident through at least two different indicators. On the one hand, participants who reported exposure to poverty, domestic violence, abuse, death of a parent, and parental substance abuse demonstrated either a higher level of overall resilience or were better situated when reporting on several of the five resilience subscales. On the other hand, the fact that no statistically significant differences were found among the groups who were exposed to the risk factors examined and those who were not exposed to them is an indicator that, despite exposure to these risks, master's-level counseling students in general presented a moderate to high level of resilience.

Another important distinction with respect to risk factors and their connection to resilience is

related to the definition of resilience as the manifested capability in the context of important challenges for development and adaptation. This implies that researchers have to make two judgments in order to identify resilience: there has been a significant threat for the individual, which is generally associated to a state of high risk, exposure to adversity or severe trauma; and the quality of adaptation and/or development is good, which is the individual behaves in a competent way (Masten & Coastworth, 1998). This basically means that in the presence of adversity, indicators of adjustment are examined to determine that an individual is in fact resilient. In this study the participants provided those indicators by completing the *Resilience Scale*, the results of which indicated that between 1.4% and 29% of counseling trainees reported resilience to adversity. In the absence of reported adversity, the presence of a score of 126 or more in the overall level of resilience, and/or the five or more resilience subscales would determine not resilience per se, but potential for resilience. In this study, a total of 58.7% of counseling trainees evidenced potential for resilience.

Relationship Among Protective Variables, Resilience Characteristics and the Overall Resilience Score

Research question 2 also explored the relationship between participants' protective factors and their level of resilience as represented by their scores on five resilience characteristics (self-reliance, meaningfulness, equanimity, perseverance, and existential aloneness) and the overall resilience score. One of the main objectives of exploring this relationship was to establish what specific protective factors were significantly associated with specific resilience characteristics and with the overall level of resilience.

Benard (2004) defined protective factors as those family, school, and community resources that alter or even reverse the maladaptive effects of adverse situations. In the present

study, master's-level counseling student's protective factors were examined following Benard's (2004) triadic classification: caring and supportive relationships, positive high expectations, and opportunities for meaningful participation. The literature on protective factors seems to privilege the role of having at least one person who provides unconditional positive regard, caring and support in the development of resilience (Benard, 2004; Werner, 1989). Therefore, a specific expression of caring relationships was examined in this study. A large majority of participants in the study (94.7%) reported having at least one person who provided unconditional positive regard, support and compassion; 89.9% of respondents reported having a school that establishes high expectations. A vast majority of participants also reported having opportunities for meaningful participation in the community (89.4%).

In this study, protective factors were minimally correlated with three resilience characteristics (self-reliance, equanimity, and existential aloneness) and the overall resilience score. The results obtained from master's-level counseling students indicate that among the protective factors explored, only one (having opportunities for meaningful participation in the community) was significantly correlated ($r = .16, p < .001$) with one resilience characteristic (meaningfulness). Group differences were significant only in their level of meaning among those who reported having opportunities for meaningful participation in the community, in comparison with those who did not report having such opportunities. No statistically significant differences in resilience characteristics and resilience score were found among those who reported having a person who provides unconditional positive regard, support, and compassion versus those who did not report having such a person, and those who reported having a school that establishes high expectations versus those who did not report it.

For counseling trainees in this study, having opportunities for meaningful participation was statistically associated with their level of meaningfulness, which was defined as the realization that life has a purpose as well as the valuation of one's contribution (Wagnild & Young, 1990, 1993). Consistent with the findings in this study, others have reported opportunities for meaningful participation and its connection to establishing a social support system as one of the most important protective factors (Suzuki, Geffner & Bucky, 2008; Fuller-Iglesias, Sellar, & Antonucci, 2008). The results of this study lend empirical support to previous findings that community involvement promotes positive developmental outcomes, especially a sense of connectedness, which in turn represents a powerful source of resilience (Benard, 2004; Clinton, 2008).

Relationship Among Counseling-training-program Variables, Resilience Characteristics and the Overall Resilience Score.

Research question 3 explored the relationship between participants' counseling-training-program variables and their overall and specific level of resilience as represented by their scores on the five resilience subscales (self-reliance, meaningfulness, equanimity, perseverance, and existential aloneness) and the overall resilience score. One of the main objectives of exploring this research question was to establish what specific counseling-training-program variables were significantly associated with specific resilience characteristics and with the overall level of resilience.

In general, counseling-training-program variables were moderately correlated with the five resilience characteristics and the overall resilience score. The results obtained from master's-level counseling students indicate that among the counseling-training-program variables explored, ACA professional affiliation, other professional affiliation, and identification with role

of counselor were significantly correlated with one to five resilience characteristics and the overall resilience score.

Group differences on resilience characteristics and resilience score appeared to be statistically significant only among the ACA professional affiliation group, and the level of identification with role of counselor group. No statistically significant differences were found among groups for the other 38 counseling-training-program variables examined. These findings are discussed in more detail in the following sub-sections.

ACA Membership

Although those students who reported being members of the American Counseling Association (ACA) did not present a significantly higher level of overall resilience, they reported a significantly higher level of meaningfulness. This result suggests that they may have a more clear realization that life has a purpose, as well as a higher valuation of their contributions. They were able to convey also the sense of having something for which to live at a higher level than those who did not report ACA membership. The higher level of meaningfulness reported by ACA members might be explained by the fact that membership in a national professional association provides master's-level counseling students with an opportunity to belong to an organized body that conveys a higher level of purpose beyond their individual goals. Membership also presents an opportunity for students to be heard and recognized for their contributions to the profession.

Identification With Role of Counselor

In terms of level of identification with one's future role as a counselor, master's-level counseling students who reported that as a person they are no different from whom they would

be as a counselor were overall the most resilient. They also reported higher levels of meaningfulness, which has been defined as the realization that life has a purpose and the valuation of their own contributions (Wagnild & Young, 1993). The second highest level of resilience was found among those who consider that as a person they will be somewhat different from whom they will be as counselors. Results indicated that participants who reported that as a person they will be completely different from whom they would be as a counselor are less resilient than any of the other groups. These findings lend empirical support to Clark's (2009) assertion that integration of self and practice is the central concept that explains the process of remaining resilient in the practice of counseling. According to Clark (2009), the practice of counseling is an extension of counselors' identity, an expression of who they are as people. This result also seems consistent with the finding that identifying oneself in a well defined role provided significant psychological resilience among medical students in the aftermath of hurricane Katrina (Ginzburg & Bateman, 2008).

Limitations of the Study

A possible limitation of this study is that master's-level counseling students might have responded to the *Resilience Scale* with a high level of social desirability. In their training, it is implied that in order for them to be able to be successful in a helping profession like counseling, they need to have "their act together" and enjoy a positive level of mental health. Resilience theory has begun to challenge the traditional assumption that mental health requires realistic acceptance of personal limitations and negative characteristics. According to Bonanno (2008), a new line of research argues that sometimes unrealistic or overly positive biases in favor of the self, such as self-enhancement, can be adaptive and promote well being and adjustment. Self-enhancement could be considered a reflection of resilience. In addition to the potential for

responding in a socially desirable manner, because all items in the Resilience Scale are expressed in a positive direction, the scale is particularly susceptible to the effects of acquiescence response bias.

Another possible limitation relates to the fact that all data were gathered exclusively through self-report. No supporting information was collected from teachers, supervisors, peers, or family members. The data represent the subjective opinions of the participants.

An important limitation when studying resilience is the lack of uniformity in the global and operational definitions of resilience, as well as in the operationalization of risk and protective factors. This may reduce the possibilities for comparison with results of other studies that have not used the same conceptual framework or the same instrument. Fortunately, the instrument used for this study has been widely used in contemporary research into resilience with adults.

Only 461 of 585 participants answered the question about risk factors associated with the life experiences of counselor trainees. It was expected that graduate students would present some difficulties with disclosing sensitive information, particularly regarding their experiences of adversity.

A different limitation was represented by the small number of studies of resilience characteristics conducted with adults, and particularly with master's level students in any field. This may represent a problem if the intention is to compare the resilience characteristics of students in the mental health arena with those from other fields.

A practical limitation in the data gathering process was the use of abbreviations for some categories such as "highest degree received." A number of respondents, particularly international students, indicated that the abbreviations did not help them to establish the meaning of certain

educational levels. Also, the meaning of “international student” was not clear for respondents; for a foreign student this category may imply that one is just visiting. The term “non native” might have been a better choice, or perhaps a definition of “international student” should have been offered.

Another limitation was the use of a restricted list of categories to assess demographic variables, risk and protective variables, and counseling-training-program variables. In the case of protective factors, for instance, only three categories were examined and although the intention was to examine those widely presented in the literature as important, the opportunity was missed to establish more specific conclusions about the interaction between risk and resilience.

Implications for Counseling Training Programs

An important implication of this study for counseling training programs is related to its strength perspective. Specifically, it poses a challenge for counseling training programs to transform what appears to be a situation of risk (exposure to any kind of adversity in the present or in the past) among counseling trainees into resilience. Counselor training programs might help counseling trainees recognize their own resilient nature, which would allow them to reframe their experience and see themselves and their lives in new ways. Applying Benard’s (2004) suggestions for fostering the resilience of caregivers, training programs might provide organizational support and opportunities to counseling students, to support the “health of the helpers” as a way of enhancing their ability to live and model resilience strengths, social competence, problem solving, autonomy, and sense of purpose. Some examples of ways that the counseling training programs can provide organizational support and opportunities for fostering the resilience of master’s-level counseling students are to incorporate wellness strategies into the curriculum, provide opportunities to establish caring relationships (e.g., clubs, self help groups,

mentorship programs), express clear expectations (appropriate evaluation and feedback), and provide opportunities for participation (research projects, volunteer work).

Consistent with the results of previous studies of resilience in adults, this study offered evidence that older students are more resilient than their younger counterparts. This suggests that training programs might focus on the younger students when promoting the resilience of counseling trainees. For training programs that include master's and doctoral levels this might be accomplished through strength oriented supervision programs, coaching programs, and mentorship programs. For programs with only master level students, program faculty might promote the integration between older and younger students.

Another implication of this study for counselor training programs relates to the fact that one of the most significant protective factors reported by master's-level counseling students was having opportunities for meaningful participation in the community. Counselor education faculty might foster the resilience of counseling trainees by incorporating service learning opportunities for involvement and participation both in the school and in the community. Examples of such participation are research projects, volunteer work, additional field experiences, and promotion of professional organizations such as ACA and Chi Sigma Iota. The importance of promoting the professional affiliation of master's-level counseling students with organizations like the American Counseling Association has been underscored by the results of this study. The findings suggest that membership in ACA is correlated with having a statistically significant higher level of meaningfulness, defined as the counseling trainee's realization that his life has a personal and an institutional purpose.

The examination of risk factors among master's-level counseling students presents evidence of the need for counseling training programs to foster the resilience of counseling

trainees and counseling practitioners. Close to one-third of participants in this study reported exposure to significant risk factors. If these students are to become effective counselors, they will need to not just overcome their own adversity but also attend to the important challenges of their future role as counselors. Counselor educators have a responsibility to work to ensure that counseling trainees become models of resilience for their clients. One way this might be accomplished is to coach counseling trainees to believe in their own innate resilience, and to understand it so that they can model it and see it within their clients.

An important area examined in this study was counseling trainees' level of identification with their future role as counselor. Clark (2002) stressed the importance of early experience, collegial support, self-care, training, and attending to the self of the therapist as necessary conditions to remain a resilient practitioner. It is vital that counselor educators examine counseling trainees' reasons for becoming counselors, address inappropriate or excessive idealistic expectations, guide them in their initial choice of employment, stress to them the importance of developing relationships with colleagues, and stress to them the importance of self care. In this study, counseling trainees' level of identification with their future role as counselor was significantly correlated with their overall resilience and the five resilience subscales. This finding suggests that counseling training programs might incorporate resilience measures into their admission process, as well as in their ongoing evaluation of counseling trainees that include indicators of vocational alignment, level of expectations, and perceptions of personal and professional relationships. Finally, 12.3% of students in this study reported low levels of resilience. Although this percentage is small, the possible existence of an accumulated effect of risk factors and the challenges of the counseling field as a helping profession suggest that counselor educators can assist these students by developing "resilient training communities."

Resilient training communities are self-organized structures that act efficiently to counter adversity and promote the resilience of all members. The basic philosophy of a resilient training community is to foster the resilience of everyone involved in the learning community by incorporating into their structure basic protective strategies in at least three main areas: the establishment and promotion of caring relationships among its members, the expression of clear expectations among its members, and the provision of meaningful opportunities for participation in the school and in the community.

Suggestions for Future Research

An important direction for future research would be to investigate in more detail how the practice of counseling at early stages of training (practicum and internship, pre-licensure) affects the resilience of counseling trainees and counseling practitioners. Consistent with the principle of helper-therapy expressed by Benard (2004), it would be expected that the benefits of “helping others” for counseling trainees would be at least as great as the benefits for their clients.

Applying Benard’s ideas to counseling trainees and counseling practitioners, counseling trainees and counseling practitioners with a resilient attitude (belief in their own innate capacity as well as in the capacities of their clients) may instead be protected by feelings of self-efficacy, optimism, and hope (for themselves and their clients), rather than burning out or developing compassion fatigue,. The concept of vicarious resilience is an area of investigation that holds great potential for advancing the profession’s knowledge of the multifaceted nature of resilience.

Another potential area for further research might be focused on examining not just the individual indicators of resilience for master’s-level counseling students and practitioners, but also factors in the family and community. The interaction between risk and protective factors occurring at these different levels might provide a fruitful area for exploration.

An additional line of research would be to assess counseling trainees and counseling practitioners not just through self assessment or self report, but also from the perspective of an external evaluator, such as a supervisor, teacher, coworker, classmate, or peer. Such an approach could provide an additional perspective and would resolve some of the limitations inherent in self-report procedures.

Another area of research might focus on counseling trainees or counseling practitioners who have been identified as resilient. Such an approach could explore how adaptive systems develop for resilient trainees and practitioners, how they typically operate under diverse circumstances, how specific factors work for success in environmental and developmental contexts, and how protective factors can be fostered, facilitated, and nurtured.

Other lines of research that would clarify several findings from this study could focus on exploring the specific ways in which demographic variables, risk and protective variables, and counseling-training-program variables determine a particular level of resilience. It would be helpful, for instance, to investigate counseling-training programs' policies in relationship to particular demographics used to recruit counseling trainees and their effects on the potential to remain resilient counselors. Another specific example of this kind of research would be to investigate the ways in which counseling training programs approach student impairment or family of origin issues, considering the possibilities that resilience and strength based considerations offer for students who otherwise would not be considered appropriate candidates for the counseling profession. Additionally, future studies might be conducted to verify findings of this study which have not been explored in previous studies, such as the relationship between resilience and the death of a parent and between resilience and ACA membership.

More specific research on the resilience of counseling trainees and counseling practitioners is needed. Specific risks and protective factors that are relevant to succeeding as a counseling student or a counseling practitioner (vocational issues, client case load, lack of control, evaluation and supervision, challenging clients, work setting, expectations, unresolved personal issues, values, and multicultural issues) and their relationship to resilience might be explored.

The use of a different model of risk and resilience, protective factors, or even a different instrument to measure resilience would add significantly to the limited body of research on the resilience of counseling trainees and counseling practitioners.

Results of this study lent empirical support to findings of previous studies, suggesting possibilities for more specific quantitative and qualitative research into areas such as counseling trainees' level of identification with the role of counselor, formulated by Clark (2009) as a central factor in the process of remaining a resilient counselor. A qualitative study, for instance, could focus on identified resilient students or resilient practitioners to explore the specific protective factors that facilitate their resilience.

Resilience research, and particularly adult resilience research, is a relatively new field that has tremendous potential for research. There is still a need of a more complete understanding of those characteristics that facilitate adult resilience to specific risk factors. Further research in this area may offer important clues for the development of successful interventions and prevention efforts.

Finally, research on resilience needs to continue attending to the challenges presented by Luthar et al. (2000): clarity and consistency in the use of definitions and terminology, recognition of the multidimensional nature of resilience, attention to the issue of stability, the

need to explore the process of vulnerability and protection, the importance of integrative multidisciplinary research, and the development of interfaces between research and intervention.

Conclusions

In general terms, the overall pattern of findings in this study was consistent with the view that resilience is prevalent across different levels of exposure to adversity (Bonanno, 2004).

When examined through the lens of practice, the concept of resilience has particular importance because of the interaction between risk and protective factors. In this study, close to one third of master's level counseling students reported exposure to one or more risk factors, but at the same time they also reported a high percentage of resilient responses (87.7%).

In terms of the relationship between demographic variables and resilience, this study found moderate levels of association. Resilience characteristics and the resilience score were correlated significantly only with five demographic variables (age, marital status, household income, employment status, and sexual orientation).

Risk factors were moderately correlated with resilience characteristics and the overall resilience score. For master's-level counseling students, among the risk factors explored only poverty, domestic violence, abuse, death of a parent, parental substance abuse, and diagnosed parental mental illness were significantly associated with one to three resilience characteristics and the overall resilience score.

Protective factors were minimally correlated with resilience characteristics and the overall resilience score. The results obtained from master's-level counseling students indicate that among the protective factors explored, only having opportunities for meaningful participation in the community was significantly correlated with one resilience characteristic, meaningfulness. Fostering meaningfulness and the other two protective factors examined could

have a significant role in increasing trainees' chances of becoming successful practitioners in the future despite adversity and the challenges of a helping profession.

The existence of accumulated risk factors in the lives of counseling trainees, as well as the challenges of a helping profession, represents an important opportunity for intervention by counselor education faculty. Fostering the resilience of master's level counseling students is a task that counselor educators might consider addressing with intentionality, and counseling training programs need to facilitate the development of a strength based perspective throughout the entire learning process.

In this study, master's-level counseling students did not report resilience at a statistically significant level to all the risk factors explored. This finding is consistent with the fact that resilience does not constitute a fixed individual trait or characteristic that manifests in the same proportion for every adverse situation. Individuals may show resilience in relation to some types of stresses and adversities, but not to others (Rutter, 1999).

The results from this study indicated that very few of the selected counseling-training-program variables examined had a statistically significant correlation with master's-level counseling students' overall resilience level, or with specific resilience subscales.

In terms of statistical significance, although several demographic variables, risk factors, protective factors and counseling-training-program variables were significantly correlated and also presented statistically significant differences among groups, the effect size was generally small. In the context of resilience theory, resilience is determined by the accumulated effect of risk and protective factors.

The interactional effects of individual, family and community factors also determine individual's resilience responses. So, given the multiplicity of factors that determine the possibilities for being resilient, it is expected that the effect size of specific variable interactions will be small.

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APPENDICES

Appendix A: Survey for Demographic Variables, Risk and Protective Variables, and Counseling-Training-Program Variables.

Demographic Information

I. Background variables

1. Age:
 - 18-99 (Drop down menu)
2. Sex:
 - Male
 - Female
3. Marital Status:
 - Divorced
 - Partnered
 - Married
 - Separated
 - Single
 - Widowed
4. Ethnicity:
 - African American/Black
 - Asian American
 - European American/White
 - Latino/Hispanic
 - Native American
 - Pacific Islander
 - Other

If you selected "other," please specify.

5. Highest degree received
 - Doctorate
 - M.A.
 - M.S.
 - M.Ed.
 - B.S.
 - B.A.
 - Other

If you selected "other," please specify.

6. What is your current household income?
 - Under \$10,000
 - \$10,000 - \$19,999
 - \$20,000 - \$29,999
 - \$30,000 - \$39,999
 - \$40,000 - \$49,999
 - \$50,000 - \$74,999
 - Over \$75,000

7. What is your employment status?

- Not employed
- Employed part-time
- Employed full-time
- Self-employed
- More than one job

8. Living situation

- Live alone
- Live with spouse
- Live with children
- Live with friends
- Live with relatives
- Other

If you selected "other," please specify.

9. What is your sexual orientation?

- Heterosexual
- Lesbian
- Gay
- Bisexual
- Transgender
- Other

If you selected "other," please specify.

10. Are you an international student?

- Yes
- No

If you selected "yes," please specify country.

II. Program of study variables

1. Primary field of graduate study

- Career Counseling
- College Counseling
- Clinical Mental Health Counseling / Community Counseling
- Gerontological Counseling
- Marital, Couple, and Family Counseling/Therapy
- School Counseling
- Student Affairs
- Other

If you selected "other," please specify.

2. How many credits have you earned (including present semester)

- 1 to 120 (Drop down menu)

3. Which of the following most closely identifies your status in your counseling training program?

- Pre-Practicum
- Practicum
- Internship
- Post-Internship

4. Do you belong to any professional organization?

- American Counseling Association (ACA)
- State branch of ACA
- American School Counseling Association (ASCA)
- State branch of ASCA
- American Mental Health Counseling Association (AMHC)
- State branch of AMHC
- American Association of Marriage and Family Therapy (AAMFT)
- State branch of the AAMFT
- Other

If you selected "other," please specify.

5. Are you currently under supervision?

- Yes
- No

6. Please indicate the classes you have taken or are currently taking.

- Career Development and Life Planning/Career counseling
- Theories of Counseling
- Counseling Techniques
- Advanced Counseling Techniques
- Human Growth and Development
- Group Work
- Multicultural Counseling
- Diagnosis/Psychopathology
- Assessment/Measurement/Testing
- Research and Program Evaluation
- Crisis Intervention Counseling
- Supervision in Counseling
- Ethical & Professional Issues in Counseling
- Practicum in Counseling
- Internship in Counseling
- Community Counseling/Clinical Mental Health Counseling
- School Counseling
- Addictions Counseling
- Marriage, Couple and Family Counseling
- Student Affairs and College Counseling

7. Please indicate the level of identification between who you are and your future role as a counselor.

- As a person I am completely different from whom I will be as a counselor.
- As a person I am very different from whom I will be as a counselor.
- As a person I am somewhat different from whom I will be as a counselor.
- As a person I am no different from whom I will be as a counselor.

8. Is your program a CACREP/CORE accredited program?

- Yes
- No

9. Have you participated in any of the following extracurricular activities as a master's level counseling student?

- CSI Counseling Honor Society
- Attendance to conferences
- Presentation at conferences
- Participation in research studies
- Other

If you selected "other," please specify.

III. Risk and protective factors variables

1. Have you experienced any of the following situations at any moment in your life?

- Poverty
- Natural disaster
- Terrorist attacks
- War
- Domestic violence
- Abuse
- Death of a parent
- Death of a spouse
- Wildfire
- Institutionalization
- Substance abuse
- Parental substance abuse
- Diagnosed Parental mental illness
- Other

If you selected "other," please specify.

2. Have you experienced any of the following situations at any moment of your life?

- At least one person who provides unconditional positive regard, support, and compassion.
- A school that establishes high expectations
- Opportunities for meaningful participation in the community.

Appendix B: The Resilience Scale

Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Circle the number which best indicates your feelings about that statement. For example, if you strongly disagree with a statement, circle "1". If you are neutral, circle "4", and if you strongly agree, circle "7", etc.

	Strongly Disagree			Strongly Agree			
1. When I make plans, I follow through with them.	1	2	3	4	5	6	7
2. I usually manage one way or another.	1	2	3	4	5	6	7
3. I am able to depend on myself more than anyone else.	1	2	3	4	5	6	7
4. Keeping interested in things is important to me.	1	2	3	4	5	6	7
5. I can be on my own if I have to.	1	2	3	4	5	6	7
6. I feel proud that I have accomplished things in life.	1	2	3	4	5	6	7
7. I usually take things in stride.	1	2	3	4	5	6	7
8. I am friends with myself.	1	2	3	4	5	6	7
9. I feel that I can handle many things at a time.	1	2	3	4	5	6	7
10. I am determined.	1	2	3	4	5	6	7
11. I seldom wonder what the point of it all is.	1	2	3	4	5	6	7
12. I take things one day at a time.	1	2	3	4	5	6	7
13. I can get through difficult times because I've experienced difficulty before.	1	2	3	4	5	6	7
14. I have self-discipline.	1	2	3	4	5	6	7
15. I keep interested in things.	1	2	3	4	5	6	7
16. I can usually find something to laugh about.	1	2	3	4	5	6	7
17. My belief in myself gets me through hard times.	1	2	3	4	5	6	7
18. In an emergency, I'm someone people can generally rely on.	1	2	3	4	5	6	7
19. I can usually look at a situation in a number of ways.	1	2	3	4	5	6	7
20. Sometimes I make myself do things whether I want to or not.	1	2	3	4	5	6	7
21. My life has meaning.	1	2	3	4	5	6	7
22. I do not dwell on things that I can't do anything about.	1	2	3	4	5	6	7
23. When I'm in a difficult situation, I can usually find my way out of it.	1	2	3	4	5	6	7
24. I have enough energy to do what I have to do.	1	2	3	4	5	6	7
25. It's okay if there are people who don't like me.	1	2	3	4	5	6	7

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Appendix C: Electronic Message

Dear Master's-level Counseling Student:

I am writing to request your assistance with my dissertation study titled *Resilience Characteristics of Master's-level Counseling Students*. This study has been approved by the University of New Orleans Institutional Review Board (IRB). It will take 10 minutes approximately to complete the instrument, which includes a demographic information section, a program variables section, a risk and protective factors section, and the *Resilience Scale*. If you wish to participate please follow the hyperlink to complete the survey.

The purpose of this study is to explore the level of resilience displayed by counseling trainees as measured by the *Resilience Scale* in relationship to background variables, risk and protective variables, and counseling-program variables.

Your answers will be completely anonymous and the data collected will facilitate to establish a general resilience profile of the master's-level counseling student population, as well as to identify which background and counseling program factors are more related with the counseling student's capability to cope with adversity. If you are willing to assist me with this important part of my study, please click the following link:

<http://www.surveymonkey.com/s/G2YX2N6>

If you are not connected automatically, cut-and-paste the link into the address box on your web browser and then press enter.

Your participation in this study is **entirely voluntary**; you may withdraw your consent and terminate participation at any time without consequence. If you would like additional information about this study, or would like to discuss any discomforts you may experience, please do not hesitate to contact me by email at jrmachuc@uno.edu. You may also contact my faculty advisor, Dr. Barbara Herlihy, by email at bherlihy@uno.edu, for more information regarding this study.

Thank you in advance for your participation.

Sincerely,

Raul Machuca, LPC, NCC
Doctoral Candidate
University of New Orleans
348 Bicentennial Education Building
University of New Orleans, Lakefront Campus 2000
Lakeshore Drive New Orleans, LA 70148

Appendix D: IRB Approval Letter

University Committee for the Protection of Human Subjects in Research

University of New Orleans

Campus Correspondence

Principal Investigator: Barbara Herlihy
Co-Investigator: Raul Machuca
Date: July 27, 2010
Protocol Title: "Resilience Characteristics of Master's-level Counseling Students"
IRB#: 03Jul10

The IRB has deemed that the research and procedures described in this protocol application are exempt from federal regulations under 45 CFR 46.101 category 2, due to the fact that the information obtained is not recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects.

Exempt protocols do not have an expiration date; however, if there are any changes made to this protocol that may cause it to be no longer exempt from CFR 46, the IRB requires another standard application from the investigator(s) which should provide the same information that is in this application with changes that may have changed the exempt status.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best wishes on your project.
Sincerely,

Robert D. Laird, Ph.D., Chair
UNO Committee for the Protection of Human Subjects in Research

Appendix E: Qualitative Data

Demographic variables

Participant's typical response to item 4: Ethnicity

1. Biracial
2. Black/Mexican-American/Native American
3. Black/White
4. Cape Verdean
5. Celtic
6. Eastern Indian
7. Filipina
8. Italian / American Indian
9. Italian American
10. Mixed (Caribbean, Cuban-Latino & Trinidadian-black)
11. Mixed with Hispanic
12. Multi-racial - Asian/black
13. Native American/European/White

Participant's response to item 5: Highest degree received

1. 2 Bachelor of Arts Degrees
2. 2nd year graduate student
3. Associate in Science
4. B.B.A.
5. B.B.A. Marketing
6. B.H.S.
7. B.M.E. Bachelor of Music Education
8. Bachelor in Social Science and Graduate Student
9. BFA
10. BLS
11. Completed most of a MA program but did not finish before this counseling one.
12. Current first year MS student
13. Ed.S
14. I have a B.S., but will have my M.Ed. In December
15. In graduate school
16. Juris Doctor
17. MA in progress
18. Master of Clinical Mental Health
19. MBA
20. MFA
21. MS in progress - 2nd year
22. Working on MS
23. Working towards M.Ed.

Participant's response to item 8: Living situation

1. Brother and fiancé
2. Husband is currently deployed
3. In a residence hall/apartment complex, also where i work, but have an apartment to myself. But the apartment complex is on campus and has a community feel.
4. Live alone generally, currently brother is long-term visitor
5. Live with a roommate
6. Live with boyfriend
7. Live with boyfriend and his child
8. Live with boyfriend and son
9. Live with fiancé
10. Live with fiancé and two children
11. Live with girlfriend
12. Live with grandchild
13. Live with housemates/share house
14. Live with parents
15. Live with partner
16. Live with partner and children
17. Live with partner and friends
18. Live with significant other
19. Remarried into a blended family - that might be an option to add to #3 - there are 6 of us in the family!
20. Rent from relatives
21. Sister
22. Spouse is active duty army and geographically separated
23. Spouse, adult child, and grandmother

Participant's response to item 9: Sexual orientation

1. Prefer to just think of myself as "sexual" without having to 'pick a team'
2. Possible interest in women, but haven't acted on it yet

Training program of study variables

Participant's response to item 1: Primary field of graduate study

1. Addictions counseling
2. And community counseling
3. And vocational rehabilitation
4. Art therapy
5. Correctional counseling
6. Correctional counseling with an emphasis on sex offender treatment
7. Counseling psychology
8. Currently undecided between marital, couple, and family counseling/therapy and community counseling

9. Dual program- clinical mental health and school counseling
10. Expressive arts therapy
11. General counseling, LPC
12. I am focusing on both school counseling and community counseling
13. Language arts teacher
14. Mental health counseling and adjustment counseling
15. MFT and rehab counseling
16. Pastoral counseling
17. Pastoral counseling/Christian counseling
18. Play therapy for children who are abused
19. Professional counseling
20. Rehabilitation and mental health
21. Rehabilitation counseling
22. Rehabilitation counseling and psychology
23. Rehabilitation counseling/vocational evaluation
24. School psychology
25. Using MFT to work with divorced co-parents on communication and parenting skills
26. Vocational rehabilitation counseling

Participant's response to item 4: Do you belong to any professional organization? (Check as many as apply)

1. AACC, Chi Sigma Iota
2. AASECT
3. AFCC
4. AHEAD
5. American Art Therapy Association
6. American Association of Christian Counselors
7. American Association of Family and Consumer Sciences
8. American Association of Pastoral Counselors
9. American College Counseling Association
10. American Psychological Association (APA)
11. American Rehabilitation Counseling Association
12. APA, ACC, NACAC
13. APT-Association for Play Therapy
14. ARCA
15. ASGPP, NAADAC
16. ASGW, IAMFC, EB-ACA
17. Assn of Gay, Lesbian & Transgender Issues in Counseling
18. Association for Specialist in Group Work
19. Association of Mormon Counselors and Psychotherapists
20. ATPE
21. ATSA
22. Austin Group Psychotherapy Association
23. Brain Injury Association
24. CAMFT

25. CASC
26. CASC and SDCASC
27. Chi Sigma Iota
28. Chi Sigma Iota Beta Chapter
29. Chi Sigma Iota currently holding a leadership position
30. Chi Sigma Iota, American Association of University Women
31. CSJ counselors for social justice
32. Erie county school counselors association
33. Florida assoc. Of play therapy
34. Georgia College Counselors Association, GCCA
35. GSCA - Georgia School Counselor Association
36. I am planning on joining the ACA, but have not done so yet.
37. Illinois Counseling Association
38. In the process of applying to ACA
39. LCA
40. Louisiana Counseling Association and Chi Sigma Iota
41. LPCA
42. MCA, LPCA
43. MIACADA, NACADA
44. Montana Counseling Association
45. NAACC - Nashville Area Assoc of Christian Counselors
46. NACADA
47. NACD
48. NAMI
49. NARACES
50. NARACES, ACES
51. NASPA
52. NASPA, NACADA
53. NATIONAL ACADEMIC ADVISING ASSOCIATION
54. National Association of Social Workers
55. National Board for Certified Counselors
56. National League of Nursing
57. National Rehabilitation Association, Wisconsin Rehabilitation Association, National Association of Multi-cultural Rehabilitation Concerns
58. NBCC (National Board for Certified Counselors)
59. NBCC, Lafayette Parish Counseling Association
60. None
61. NYSCCA
62. Rehabilitation Counseling Association
63. State branch of NCDA
64. Student Affiliate Organization
65. TAPT-Texas Association of Play Therapy
66. TCA, NACADA, ABC
67. Texas Association of School Psychology
68. Texas Counseling Association
69. Thanatology Association

70. Washington Counselor Association
71. Westmoreland School Counselor Association
72. Yes 3 of them, cant' recall which ones

Participant's response to item 9: Have you participated in any of the following extracurricular activities as a master's-level counseling student? (Check as many as apply)

1. Attendance at Big Easy seminars
2. Attendance at local association meetings, Member of my college's IRB committee
3. Behavioral health workshops
4. Board member of area counselors' group
5. CBT Workshop
6. CEU's
7. Counseling Seminars
8. Counselor Education Research Consortium
9. Created and participated in a Cohort Connection mentor program between first and second year students
10. I have no idea about #8's answer - sorry
11. I plan on attending several events, that are upcoming
12. I will be attending a conference next week
13. Kappa Omega
14. Member of Chi Sigma Iota
15. Member of IRB
16. None
17. Not able to due to full time work and family
18. Participation in research survey
19. President - Counseling Graduate Student Assoc.
20. Psi Chi Honors society
21. Student Affiliate Organization
22. Teaching, Undergraduate level, ACA Ethics Competition
23. Workshops

Risk and protective variables

Participant's response to item 1: Have you experienced any of the following situations at any moment in your life? (Check as many as apply)

1. A stroke at 18, (freshman year in college) that had me in a hospital for 3 1/2 months and ongoing outpatient therapy
2. A very ugly parental divorce
3. Active duty spouse during desert storm
4. Addiction (non-substance abuse)
5. Anorexia
6. Anxiety
7. Baby born 8 weeks premature then on her 2 month birthday my husband had a bad motorcycle wreck and had to be cared for in the trauma unit at vanderbilt medical center
8. Cancer

9. Car accident
10. Child diagnosed with mental illness
11. Child substance abuse
12. Child w/ mental illness/family of origin mental health issues
13. Chronic illness
14. Close family diagnosed with mental illness
15. Death of a child
16. Death of a friend
17. Death of a sister
18. Death of best friend, taking care of grandma with Alzheimer's, death of grandma
19. Death of child
20. Death of grandparent
21. Death of grandparent who raised me
22. Death of my best friend and college roommate
23. Death of sibling
24. Death of sibling (twin brother)
25. Death of sibling, two diagnosable mental illnesses, parental domestic violence
26. Death of sibling; diagnosed mental illness
27. Diagnosed child
28. Diagnosed clinical depression
29. Diagnosed mental disorder (adhd & depression)
30. Diagnosed mental illness
31. Diagnosed with bipolar disorder; brief stay in psych ward
32. Diagnosis of my child with mental illness
33. Disability
34. Divorce.
35. Divorce/loss of spouse
36. Domestic violence and abuse within family of origin
37. Emotional abuse
38. Family member with substance abuse
39. First responder, crisis situations
40. Gad
41. House fire and death and serious injury of close (extended) family members and friends
42. I believe my mother suffered from depression after getting divorced.
43. I just wanted to clarify one of the boxes that i checked. For substance abuse, i myself have not had a problem with it, however other individuals in my family have had problems/struggles with it. Also, for domestic violence, i have both experienced and witnessed one of my parents be a victim of it as well.
44. Kidnapping threat
45. Laid off twice in three years
46. Loss of a job
47. Loss of a sibling
48. Mental illness, suicide attempts
49. Mental illness-self
50. My family puts the "fun" in dysfunctional! Observed abuse (dv) as a child, mom checked herself into a psych hospital for a month when i was 16, i was even kicked out of my own

home when i was 17 because i did not like my mother's sleep over boyfriends - i don't know what category that lands in?

51. No
52. Other family members mental illness diagnosis
53. Parental abandonment, guardian with severe medical issues
54. Parental chronic health disease
55. Parental divorces
56. Parental gambling addiction
57. Parental rejection due to sexual identity
58. Partner's substance abuse
59. Personal diagnosis of a mental illness
60. Personal mental illness: ocd
61. Prejudice/discrimination
62. Provide medical care to trauma victims
63. Racism
64. Rape
65. Recovered bodies from accident sites
66. Serious illness/disability
67. Sexual abuse by a non family member
68. Sexual abuse/sexual assault
69. Sexual assault
70. Sibling mental illness
71. Sibling substance abuse
72. Sibling substance abuse and mental illness
73. Spousal substance abuse
74. Spouse diagnosed with mental illness
75. Spouse military deployment; a child's serious illness (cancer)
76. Substances abuse by other family members
77. Teenage parent-twice, dropped out of high school received ged
78. Terminal illness, divorce
79. Trauma
80. Two family members have committed suicide in the last year.
81. Undiagnosed sibling mental illness
82. Virginia Tech shootings

Appendix F: Terms of Use for the *Resilience Scale*

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You will contact the OWNER by submitting your message via e-mail to gwagnild@resiliencecenter.com. She will contact you by sending electronic mail to the address you provide to us, or by posting a notice on the Site.

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VITA

Jose Raul Machuca earned a Bachelor of Arts degree in Public Administration from the Escuela Superior de Administracion Publica in Colombia. He earned a second Bachelor of Science degree in psychology from the Universidad Nacional de Colombia. Raul Machuca moved to the United States in 2003 and earned a Masters of Education degree in Counselor Education in 2005 from the University of New Orleans. Raul is currently a candidate for the degree of Doctor of Philosophy in counselor education at the University of New Orleans, and is expected to graduate in December 2010.

Raul is a licensed professional counselor and a Board Approved supervisor (LPC-S), he is also a National Certified Counselor (NCC). He is a member of the American Counseling Association (ACA), the Louisiana Counseling Association. Raul is also a member and part of board for the local chapter of Chi Sigma Iota Counseling Honor Society.

Raul has experience in clinical mental health counseling, mental health rehabilitation counseling, as well as private practice. Raul received extramural training from the Beck Institute in Philadelphia in cognitive behavioral therapy (CBT) and has trained dozens of clinicians in the New Orleans area in the use of CBT for Depression. In 2009 Raul presented at the Louisiana Counseling Educators and Supervisors conference, and in 2010 at the Louisiana Counseling Association conference.

Raul's research interests include resilience theory, clinical effectiveness, use of cognitive behavioral therapy in counseling, depression, anxiety, and development of appropriate teaching methods for counseling skills.