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Training Students to Handle Emotional Load: Resilience Outcomes from a Graduate-Level Counseling Course – A Pilot study

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Abstract

The purpose of this study was to determine if emotional resilience can be effectively increased through targeted instruction. To examine this question, five novel curricular elements were designed to target the social-emotional competencies known to undergird the development of emotional resilience. These five curricular elements were incorporated into an 8-week course on Counseling in Speech-Language Pathology and Audiology. Students completed a self-assessment pre- and post-course to assess for change in level of resilience. Results indicated overall increased levels of resilience after the 8-week course. While further research is needed, this study is the first to show that increasing emotional resilience can be achieved through targeted curricular intervention in CSD.

Introduction

Professionals in communication sciences and disorders (CSD) face numerous psychological and workplace stressors that can impact one's physical and psychological wellness (Bauer Malandraki, 2021; Fimian et al., 1991; Luterman, 2003; Severn et al., 2012). Psychological stressors include repeated exposure to trauma, death, illness, and disparities in healthcare and education, whereas workplace stressors include high caseloads, unrealistic productivity standards, and lack of professional support or advancement. If left unaddressed, these stressors can result in burnout, compassion fatigue, vicarious traumatization, and moral injury, which can lead to profound personal and professional consequences for the clinician and the care they provide (Branson, 2019; (Branson, 2019; Gonzalez et al., 2019; Severn et al., 2012). These consequences include increased clinical errors, decreased quality of care, exacerbation of pre-existing mental health issues, negative physical health consequences, lack of empathy, sense of hopelessness, and attrition (Burnett & Wahl, 2015; Figley, 2002; Krasner, 2009; Lombardo & Eyre, 2011; Sorenson et al., 2016; West et al., 2018). Educators in CSD are charged with preparing students with the knowledge and skills needed to thrive as clinical professionals. Thus, they have a responsibility to make students aware of these professional challenges and to provide them with the tools necessary to prevent or minimize their effects. This manuscript will provide an introduction to these professional issues before describing one approach to train students to handle the emotional load of clinical work.

Burnout, compassion fatigue, vicarious traumatization, and moral injury are common across the spectrum of helping professions where individuals are directly engaged in the work of caring for others (Branson, 2019; Figley, 2002; Gonzalez et al., 2019; Parola et al., 2017; Severn et al., 2012). Burnout refers to the physical and psychological exhaustion experienced as a result of ongoing work-related stressors (Grow et al., 2019; Krasner, 2009; Maslach et al., 1996; Mathieu, 2012). Within healthcare, rates of burnout have continued to rise over the years (Aiken et al., 2012; Dunn et al., 2007; Gualano et al., 2021; Harrad & Sulla, 2018; Krasner, 2009; Landon et al., 2006; Maresca et al., 2022; Weber et al., 2022; Weigl, 2022), earning burnout the distinction of being named a public health crisis (West et al., 2018). Compassion fatigue and vicarious traumatization are largely synonymous terms and refer to the psychological impact one experiences as a result of proximity to trauma, death, illness, etc. (Branson, 2019; Figley, 2002; Mathieu, 2012; Sinclair et al., 2017; Sorenson et al., 2016). Moral injury is a term that has more recently been associated with helping professionals and describes the psychological stress faced by proximity to perceived injustices or to practices that are contrary to one's value system (Smigelsky et al., 2022; Weber et al., 2022; Wortmann et al., 2022). Within CSD, moral injury can be caused, among other things, by repeated proximity to ethical frustrations related to the policies and systemic inequities in healthcare and education.

In contrast to working professionals, graduate students in CSD occupy a unique pre-professional space. Graduate students receive training in the provision of professional services and thus are beginning to gain exposure to the above-referenced stressors, while at the same time navigating the academic rigors of graduate school. Owning to the unique demands of clinical and academic training, high levels of stress and burnout have been documented in students in clinical training programs (Deary et al., 2003; Jack & Donnellan, 2010). When paired with the well-documented rates of anxiety and depression in graduate students (Chirikov et al., 2020; Evans et al., 2018), this

represents a unique combination of mental health stressors in our clinical graduate students that cannot be overlooked (Bauer Malandraki, 2021).

Much has been written in recent years regarding the mental health and wellness of both undergraduate and graduate students in CSD and what educators can do to better support students (Bauer Malandraki, 2021, 2022; Roos & Schreck, 2019; Shah & Galantino, 2019). These include studies on yoga to reduce stress (Beck et al., 2015), training on stress management strategies (Beck & Verticchio, 2014; Lincoln et al., 2004), and training in mindfulness (Beck et al., 2017) and self-compassion (Chapman & Cole, 2022). These studies provide strong evidence for the ability to improve student mental health through curricular interventions. However, more targeted work is needed to develop systematic ways to support the needs of students not only during their graduate programs, but to prepare them for the increased exposure to the aforementioned stressors they will experience when they enter the workforce. One way to do this is through targeting emotional resilience.

The term *resilience* describes one's ability to not only withstand emotional stressors such as trauma, tragedy, and other forms of adversity, but to adapt in a positive manner that fosters continued growth (Adamson et al., 2014; Burnett & Wahl, 2015; Gonzalez et al., 2019; Grant & Kinman, 2012, 2014; Jackson et al., 2011; McMahon, 2021; Smith et al., 2008). Talked about in this manner, resilience can also be referred to as emotional resilience to contrast it with physiologic resilience, or the ability of one's body to adapt to stress (Miller et al., 2017). Throughout this paper, the terms resilience and emotional resilience will be used interchangeably. Resilient professionals are those who utilize an array of effective coping strategies which allow them to not be overcome by the psychological and workplace stressors in their respective fields. Studies have shown that lower levels of burnout and compassion fatigue are strongly associated with higher levels of emotional resilience in helping professionals (Burnett & Wahl, 2015; Gonzalez et al., 2019). Relatedly, resilient helping professionals and students who experience lower rates of burnout also exhibit less of burnout's insidious effects such as decreased quality of care and increased clinical errors (Adamson et al., 2014; Beddoe & Murphy, 2004; Kinman & Grant, 2011). Thus, resilience has been shown to play a key role in mitigating workplace stressors and their impact.

Despite the small but growing body of work on supporting student mental health in CSD programs, the literature on resilience in CSD is sparse (Bauer Malandraki, 2022; Shah & Galantino, 2019). Indeed, more literature on resilience exists in allied helping professions such as nursing and social work. As has been discussed, all helping professionals experience similar psychological and workplace stressors that can lead to short and long-term negative consequences to one's physical, psychological, and emotional wellbeing. Thus, educators in CSD can look to research in these allied professions for guidance on how to foster emotional resilience in graduate student training. Based on their years of research in the area of emotional resilience in social work students, researchers Grant and Kinman (Grant & Kinman, 2014; Kinman & Grant, 2011) have identified four competencies that serve as the foundation for the development of emotional resilience. These four competencies are: reflective ability, emotional intelligence, social confidence, and social support. *Reflective ability* is necessary into order to have insights into self-development, including one's strengths, limitations, and areas for continued growth (Grant & Kinman, 2012, 2014). *Emotional intelligence* consists not only of the ability to appropriately recognize and respond to the emotions of others, but also includes development of self-awareness. Appropriate knowledge

of the emotions of the self and others is necessary in building effective personal and professional boundaries (Fredrickson, 2001; Grant & Kinman, 2012, 2014; Kinman & Grant, 2011). *Social confidence* relates to effective and assertive communication skills, which are necessary when working with both clients and other professionals (Grant & Kinman, 2014; Jackson et al., 2011; Kinman & Grant, 2011). *Social support* refers to the necessary support from peers/colleagues, mentors, and educators that supports the development of strong professional identity (Grant & Kinman, 2014; Kevern & Webb, 2004).

As has been shown, resilience plays an important role in the well-being of helping professionals and students, which provides evidence for targeting resilience in CSD graduate education (Bauer Malandraki, 2022). Educators have an obligation to consider proactive and forward-thinking approaches to support the mental health and wellness of their students, while also providing a strong foundation for their professional wellness. This includes putting structures and programs in place to support students during their education that will also serve to support their professional development as they enter a rewarding yet challenging profession. To wit, programs should invest in training resilient professionals who will be able to effectively care for patients while maintaining strong professional and personal boundaries. This will allow them to provide patients with the care and empathy they deserve, without taking on the burden of their trauma or internalizing the stressors of the clinical workspace. This manuscript describes outcome data from the author's approach to increasing emotional resilience within a graduate-level counseling course.

Purpose

The purpose of this study was to determine if resilience can be effectively increased through curricular design. Specifically, this study examined the effectiveness of increasing resilience within a graduate level course on Counseling in Speech-Language Pathology and Audiology. One of the stated learner outcomes for the course is that, at the conclusion of the course, students will have developed strategies for fostering emotional resilience. This study aimed to determine whether these strategies were effective at increasing resilience over an eight-week course. A description of the curricular elements targeting resilience will be addressed in the methods section.

Methods

This study was approved by the Institutional Review Board at Purdue University as an exempt educational research project. The study took place during an 8-week summer course on Counseling in Speech-Language Pathology and Audiology. Total enrollment for the course was 30 students, consisting of 23 first-year speech-language pathology and seven first-year audiology graduate students. At both the beginning and end of the 8-week course, the students completed a self-assessment of resilience using the Brief Resilience Scale (BRS; Smith et al., 2008). The BRS was administered in the form of an online survey which students completed in Qualtrics. At the end of the course, scores from the pre- and post- administrations of the BRS were matched and de-identified prior to analysis.

The BRS is a six-item scale that measures resilience, or the ability to bounce back from stress (Smith et al., 2008). The BRS was developed to measure the unitary construct of resilience in contrast to other scales that measure personal characteristics, beliefs, and coping strategies that

contribute to resilience such as the Connor-Davidson Resilience Scale (Connor & Davidson, 2003) and the Resilience Scale (Wagnild & Young, 1993). The BRS was tested on four demographic samples consisting of two groups of undergraduate students and two groups experiencing health-related stressors which consisted of chronic pain and cardiac rehab patients. Strong internal consistency (using Cronbach's alpha) was noted across all four groups, ranging from 0.80 to 0.91. Test-retest reliability using intra-class correlation (ICC) was assessed in two group samples, with ICC scores of 0.69 at one-month for Group Sample 2 and 0.62 at three months for Group Sample 3. The BRS contains three positively worded and three negatively worded items, designed to reduce bias related to positive responses and social desirability. Scoring interpretations of the BRS were established in a larger scale study that measured resilience in 844 individuals across three categories, each containing two sub-groups: healthy individuals (college students and healthy women), patients (cardiac rehab patients and women with fibromyalgia), and at-risk individuals (first-generation college students and urban firefighters) (Smith et al., 2013). Data from this study established the scoring interpretations for levels of resilience as follows: low = 1.00 – 2.99; normal = 3.00 – 4.29; high = 4.30 – 5.00. BRS scores are calculated by summing all responses and dividing by six. Items and numerical responses for the BRS are described in Table 1 below.

Table 1

The Brief Resilience Scale

Please indicate the extent to which you agree or disagree with the following statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I tend to bounce back quickly after hard times.	1	2	3	4	5
2. I have a hard time making it through stressful events.	5	4	3	2	1
3. It does not take me long to recover from a stressful event.	1	2	3	4	5
4. It is hard for me to snap back when something stressful happens.	5	4	3	2	1
5. I usually come through difficult times with little trouble.	1	2	3	4	5
6. I tend to take a long time to get over setbacks in my life.	5	4	3	2	1

Note: Adapted from "The Brief Resilience Scale: Assessing the Ability to Bounce Back," by B.W. Smith, J. Dalen, K. Wiggins, E. Tooley, P. Christopher, and J. Bernard, 2008, *International Journal of Behavioral Medicine, 15*(3).

Description of Curricular Elements Targeting Resilience. Using the backward design framework (Fink, 2013; Wiggins & McTighe, 2005) and interdisciplinary research related to resilience, the author designed curricular elements to target growth in emotional resilience. Backward design has been described as a pedagogical framework for designing learner-centered, outcomes-based instructional activities (Drysdale, 2019; Fink, 2013; Wiggins & McTighe, 2005). Backward design begins with examining the desired learning outcomes,

determining what assessments will be used to determine growth, and then developing the learning activities that will "prepare students for the identified assessments" (Drysdale, 2019, p. 59). As stated earlier, the related learning outcome for this course was that, at the end of the course, students will have developed strategies for fostering emotional resilience. The assessment tool selected to measure whether change in resilience occurred was the Brief Resilience Scale (BRS; Smith et al., 2008). With the assessment tool identified, the author developed five, distinct curricular elements to specifically target the four underlying competencies that support the development of emotional resilience as previously described (Bauer Malandraki, 2022; Grant & Kinman, 2012, 2014; Kinman & Grant, 2011). There was intentional redundancy in targeting the competencies to meet the needs of diverse learners by providing multiple means of engagement, multiple means of representation, and multiple means of action and expression consistent with the principles of Universal Design for Learning (UDL) (Novak & Tucker, 2021; Quintana et al., 2021). After taking the BRS pre-test, an entire class period was dedicated to lecture and discussion related to burnout, compassion fatigue, vicarious traumatization and moral injury in CSD, the role of resilience in protecting against these issues, and the role of self-care activities in bolstering resilience.

Element 1: Weekly Self-Care Practice with Personal Wellness Journal Reflections. As part of the eight-week course, students are required to engage in regular weekly self-care activities. Participation in regular, intentional self-care activities has been associated with higher levels of resilience (Grant & Kinman, 2012, 2014). Examples of self-care activities such as meditation, mindfulness practice, yoga, exercise, etc. were discussed during the aforementioned dedicated class period introducing this topic. There is a significant body of work showing the benefit of integrating wellness activities into the classroom both within CSD and in other helping professions (Beck et al., 2015, 2017; Beddoe & Murphy, 2004; Chapman & Cole, 2022; Kinsella et al., 2020). Students are provided with links to resources such as UCLA Mindfulness Awareness Research Center (MARC), meditations by Jack Kornfield and Tara Branch, and self-compassion exercises by Dr. Kristin Neff. To ensure completion and accountability, students are required to journal about their self-care activities, including progress and impact, in a private forum in the course learning management system (LMS). The journal entries are seen only by the individual student and the instructor. Reflective writing exercises are known to help students think critically about their experiences and the impact on their personal growth and learning (Merriam & Bierema, 2014). Within helping professions specifically, reflective writing has been shown to increase practitioner self-awareness (Bolton, 2010; Grant & Kinman, 2014; Hodges et al., 2008) This curricular element supports the emotional resilience competencies of reflective ability and emotional intelligence.

Element 2: Weekly Clinical Wellness Journal Reflections. In this journal, students are asked to reflect on the nature of their past or current clinical work with the aim of identifying stressors in order to better understand their reactions to these stressors and their impact. This assignment directly addresses the topics of burnout and compassion fatigue as a result of clinical work and aims to have students reflect on the ways in which clinical or workplace issues might impact their clinical performance and/or personal wellbeing. Like the Personal Wellness Journal, the Clinical Wellness Journal entries are completed in a private forum in the course LMS and are seen only by the individual student and the instructor. As the instructor reads the class journals, it may be beneficial to introduce topic cues related to other course content for students to reflect upon if there

appears to be a lack of depth in responses. Examples of topic cues might include questions about end-of-life planning with patients and caregivers or experiences with abuse and mandatory reporting if such topics exists in the course. This can guide those students who might need greater support to reflect more deeply by making connections to course content. As in the Personal Wellness Journal, the act of consciously reflecting on their clinical experiences supports learning and personal growth (Bolton, 2010; Grant & Kinman, 2014; Hodges et al., 2008). This curricular element supports the emotional resilience competencies of reflective ability and emotional intelligence.

Element 3: Weekly Class Check-ins. The weekly wellness check-in constitutes a roughly 10 to 15-minute open forum held at the beginning of one class period each week. This is an opportunity for students to reflect upon the week as a group in terms of their wellness practice, their clinical journey, or both. Topics for discussion should be learner-focused and the instructor can pull themes from the aforementioned wellness and clinical reflection journals to shape the check-in. Themes might include dealing with difficult patients, dealing with receiving negative feedback, discussion of successes in clinic, or progress in their self-care practices. Relating the check-in to themes from the journals demonstrates to the students that the instructor is actively reviewing their reflections and is invested in their development, building trust and rapport between students and instructor. Setting aside class time to engage with students around topics of emotional wellness has been supported by the work of Shah and Galantino (2019). This curricular element supports the emotional resilience competencies of reflective ability, emotional intelligence, and social support.

Element 4: Peer Counseling Sessions. Peer counseling sessions constitute a structured course activity where students share challenging experiences during their clinical training in order to both seek and offer support to one another. The support offered includes compassionate acknowledgement of the experiences shared by peers, as well as suggestions and/or problem-solving ideas for further clinical or personal growth. The peer counseling sessions occurs later in the course, after students have had a few weeks of reflecting in the two journals as well as in the weekly check-ins. Students are asked to reflect on and share some of their own clinical counseling experiences, as well as their personal reactions to clinical and workplace difficulties. In this way, peer counseling sessions constitute a form of peer coaching, where support and guidance are offered as means to support communal growth through self-reflection and discourse (Grant & Kinman, 2014; Short et al., 2010; Waddell & Dunn, 2005). This curricular element supports the emotional resilience competencies of reflective ability, emotional intelligence, social confidence, and social support.

Element 5: Guided Professional Mentorship. Guided professional mentorship is a structured activity where a panel of practicing clinicians share difficult cases on which they have worked and discuss how they dealt with situations and what they wish they had done differently. The panelists are guided by the instructor to provide examples of how they deal with clinical and professional stressors and the types of self-care activities they engage in to ensure their own professional wellness. These panels expose students to diverse viewpoints and examples from working professionals to increase the relevance of the subject matter to students. Two such panels are held during the eight-week course, one focused on pediatric counseling and one focused on adult counseling. Each panel contains a mix of practicing speech-language pathologists and audiologists, usually around five to six in total, with each clinician asked to come prepared to discuss two to

three impactful counseling cases before opening up for questions and discussions. Work by Grant and Kinman (2014) provides support for diverse helping professionals sharing their experiences in dealing with the personal and psychological load of their work to foster emotional resilience. This curricular element supports the emotional resilience competencies of reflective ability, emotional intelligence, social confidence, and social support.

Results

To evaluate the potential significance of changes between pre-test and post-test BRS scores, correlational analysis, paired t-test, and Cohen's d effect size calculations were completed. Statistical analysis was completed using IBM SPSS. Scores at pre-test and scores at post-test were strongly and positively correlated ($r= 0.772, p <0.001$). There was also a significant difference between pre-test and post-test scores ($t_{29}= 3.045, p =0.002$). Cohen's *d* value of 0.556 represents a moderate effect size. On average, post-test scores were 0.30 points higher than pre-test scores (95% CI [0.09, 0.50]) after completion of the 8-week course. As a reminder, BRS scores range from 1 to 5, with higher scores reflecting higher levels of resilience. Descriptive statistics of pre- and post-test findings are listed in Table 2.

Table 2

Descriptive Statistics for BRS at Pre- and Post-Test

	n	Min	Max	Mean	*SD*
Pre-test	30	1.5	4.67	2.97	0.83
Post-test	30	1.5	4.33	3.27	0.75

A total of 30 students completed both administrations of the BRS. At pre-test, 18 students scored in the low range for resilience, 11 scored in the normal range, and one scored in the high range. At post-test, eight scored in the low range for resilience, 19 scored in the normal range, and three scored in the high range. See Figure 1.

Regarding change in resilience level between pre- and post-test by student, a total of 14 students changed resilience level at post-test, with 13 students increasing and one decreasing. Of those students who increased resilience level, 10 students went from low to normal resilience, and three students increased from normal to high resilience. The one student who decreased in resilience level, went from high to normal resilience. Eight students remained at the low level and eight students remained at the normal level at post-test.

Figure 1

Pre and Post-Test Resilience Levels
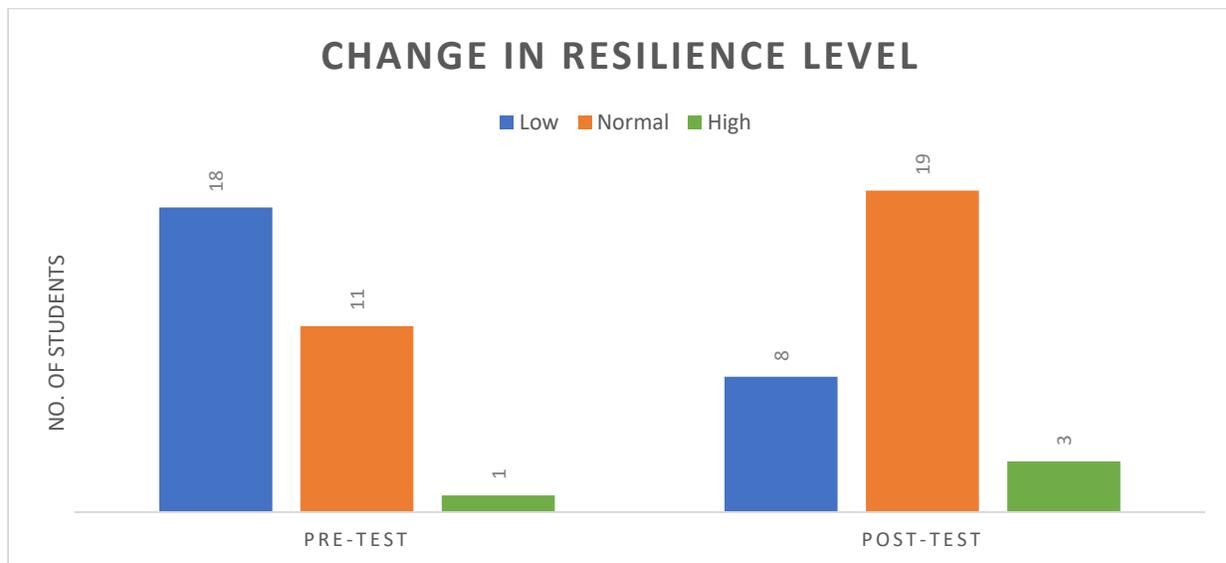
Discussion

This study examined whether resilience can be effectively increased within the classroom through targeted curricular design. As stated above, five novel curricular interventions were developed to target the emotional resilience competencies of reflective ability, emotional intelligence, social confidence, and social support. The BRS was administered at the beginning and end of the course to assess for change. The findings from this work provide early evidence for ability to increase student resilience within the classroom setting. Significant increases in resilience, as measured on the BRS, were seen following eight weeks of engagement with curricular activities targeting the four underlying competencies that support the development of resilience. The results of this single-classroom pilot study provide proof of concept that resilience can be targeted and increased through intentional course design. This study also provides preliminary support for using the BRS as an assessment tool to measure change in resilience within the classroom. Further, findings from this work provide additional support for the use of the backward design framework when designing course activities based on measurable course outcomes.

Limitations

The current study is not without limitations. One important thing to note is that the individual curricular elements were not evaluated independently to assess the relationship between each element and the change in resilience. As an educational research project looking to determine the effectiveness of course design and instructional methods at addressing a novel course outcome, this was beyond the scope of the current project, but it is certainly an area for future exploration. Another limitation of this study is that it did not control for other personal factors or life events during the 8-week course that may have impacted post-test results. Additional potential limitations

include a relatively small sample size (n = 30) and the generalizability of the current study beyond the contained framework of a counseling course. However, it is important to note that these characteristics are often inherent to research in the scholarship of teaching and learning and should not detract from the usability of this work in informing the educational practices of the reader. It is also important to note that while the audiology students are required to take this course in the author's Department, the course remains an elective for speech-language pathology students in the program. Thus, the extent to which all students within a given program are able to benefit from this type of targeted resilience training within a course would depend on enrollment requirements. As it happened, all first-year speech-language pathology graduate students in the cohort enrolled in the course, and this is the case in most years. Separate analyses for speech-language pathology and audiology students were not completed due to the small class size overall ($n = 30$), and in particular the small cohort of audiology students ($n = 7$). For those interested in examining differences in resilience training for students from different disciplines, this is an area for additional exploration. Finally, while these course elements could be adapted to be woven throughout a graduate program, it is unclear the extent to which the five curricular elements were buoyed by related subject matter within the counseling course and whether these same effects would be seen outside of a time-constrained eight-week course.

Future Directions

In order to determine the perceived effectiveness of the five individual curricular elements used in this study, future studies should incorporate qualitative data related to student responses to the five elements. It may be that specific curricular elements are perceived as more or less impactful, which might correlate with BRS findings. Data from such analysis might provide insight into whether or not all five curricular elements are necessary to result in positive changes in resilience. This might also provide insight into how to apply these curricular elements outside of a counseling course to achieve similar results. Another line of inquiry would be to utilize additional assessment tools to measure changes in each of the four emotional resilience competencies to better understand each competency as it relates to building resilience in graduate students in CSD. It might be that certain competencies play a larger or smaller role than others in contributing to the growth of resilience in this population of students which could lead to the development of even more targeted instructional methods. Another potential line of inquiry would be to obtain data related to students' perceived level of stress and/or burnout at pre-test and post-test and compare this to change in resilience levels at the same time points. Lastly, larger data pools are needed in order to make conclusive statements about the continued effectiveness of these curricular elements at increasing student resilience. To achieve this, BRS outcome data, as well as the recommended additional quantitative and qualitative data described above, should be obtained from repeated course offerings. Finally, for educators looking to apply resilience training to the classroom, it is essential to recognize that each cohort of students brings a diverse array of instructional needs that must be met. Educators have an obligation to strategically adapt to those needs and to continually assess the effectiveness of course activities at achieving measurable outcomes. Educators in CSD are encouraged to apply and adapt the teaching methods described in this study to their own classrooms, and to add to the body of literature on increasing student resilience.

Conclusion

Given the critical nature of clinical work in speech-language pathology and audiology and the impact of this work on patients and families, graduate programs in CSD are appropriately rigorous. When considered holistically, the increased rates of burnout and compassion fatigue among helping professionals along with the upward trend in mental health issues experienced by graduate students should be a call-to-action for CSD programs across the country. As the educational and clinical demands of our programs continue to impact the psychological wellness of students, educators have a responsibility to find innovative and evidence-based ways to support student mental health during graduate school and as they enter the workforce. By purposefully engaging students in activities known to foster emotional resilience, graduate programs can help students create the resilient foundation they need to thrive both as students and professionals.

> "For learning to occur, there has to be some kind of change in the learner. No change, no learning. And significant learning requires that there be some kind of lasting change that is important in terms of the learner's life" (Fink, 2013, p. 34)

Disclosures

Financial: Salaried full-time employee at Purdue University

Nonfinancial: Member, ASHA Special Interest Groups 10, 11, 13; Board member, American Board of Swallowing and Swallowing Disorders

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