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Cover Page Footnote

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Abstract

The process of developing a counselor identity is a complex task, and it starts as early as when a student first enrolls in a master's program. Within the events surrounding COVID-19, limited information is known about how that experience might have affected counseling students' professional identity development. Through Interpretive Phenomenological Analysis, we explore the counselor identity development process of master's-level counseling practicum students ($n = 6$) during the events of the COVID-19 pandemic. Emerging themes indicated that students' experiences throughout the pandemic had a unique influence on their conceptualization of the practicum experience. Findings illustrated that these events slowed some aspects of counselor identity development (e.g., perceptions of counselor roles, systemic identity integration) while expediting other aspects (e.g., self-reliance). Implications for counselor educators, supervisors, and counseling programs are discussed.

Significance to the Public

This study explores the counselor identity development process of master's-level counseling practicum students ($n = 6$) during the COVID-19 pandemic. Themes indicated that students' experiences throughout the pandemic had a unique influence on their conceptualization of their professional identity as they reflected over their counselor role, how to integrate personal and professional identity, and how to become self-reliant.

Keywords: counselor identity development, COVID-19 pandemic, practicum students, counselor education, supervision

Professional identity development (PID) is an important task as it unifies the counseling profession and promotes healthy developmental progress of one's understanding of what it means to be a counselor (Hodges, 2015; Owens & Neale-McFall, 2014). While PID is a lifelong process, it is often during their practicum experience that a counselor-in-training (CIT) reflects more intentionally on what it means to be a counselor, as the added pressure of seeing clients introduces new challenges into their professional identity integration process (Hodges, 2015). While this process is typically fraught with unique challenges, the personal and societal impacts of the COVID-19 pandemic have introduced even more complexity.

When the COVID-19 pandemic hit the United States on a large scale in mid-March of 2020, many universities and clinical sites were forced to abruptly shut down their face-to-face activities and adapt to new online formats (CACREP, 2021), creating new challenges for practicum students. There is a gap in existing research on COVID-19's impact on practicum students' counselor identity development; the current study aims to phenomenologically explore these impacts on practicum counseling students' counselor identity development.

Transformational Tasks in Counselor Identity Development

Gibson and colleagues' (2010) grounded theory study on PID in counselors-in-training revealed that the professional identity of CITs develops as they progress through three major transformational tasks: defining the counseling profession, responsibility for professional growth, and a transformation to systemic identity. CITs are considered to have completed the first task when they demonstrate an individualized definition of their counselor identity and cease to rely on expert, academic definitions of the field. This is typically evident in prepracticum CITs. The transition away from dependence on faculty for learning opportunities to an internalized sense of self-reliance and initiative for learning is characteristic of completion of the second developmental task. Throughout their clinical experience, CITs become more adept at identifying and pursuing necessary training. This task is associated with an increased sense of professional flexibility, wherein CITs begin to appreciate that they do not need to be experts to be effective as counselors. The final transformational task occurs when CITs progress to considering the degrees to which they identify with the professional counseling community.

As CITs confront these transformational tasks, other internal shifts also occur. Practicum students often report consistent feelings of inadequacy (Rønnestad & Skovholt, 2013), resulting in a need for reassurance and external validation, which persists throughout their experience in practicum (Gibson et al., 2010). However, through the process of gaining clinical experience and adopting a self-led approach to training, CITs exhibit an ability to self-validate and a stronger connection to the professional counseling community.

Practicum Students Counselor Identity Development

Individuals completing their practicum course are typically in the initial phase of their PID. Important factors within the professional development of practicum students include practicum site

placement, clinical skills development, supervisory alliance, multicultural considerations, mental health, stress management, and ethical issues (Hodges, 2015), as many of these factors directly impact CITs' perceptions of their role as a counselor (Gibson et al., 2010). Practicum students often have high levels of anxiety and feelings of inadequacy, specifically due to the lack of experience, a low level of self-awareness and other awareness, and a self-focused mentality (Rønnestad & Skovholt, 2013; Stoltenberg & McNeill, 2010). The initial introduction to clinical experiences can be an overwhelming one, as students are expected to apply theoretical and practical knowledge while being exposed to a wide range of emotional content from a personal and professional perspective (Hodges, 2015; Rønnestad & Skovholt, 2013).

Often, practicum students' view of themselves as a counselor is fairly fragile, and they heavily rely on their supervisor, professor, peers, and even clients' views for affirmation of their counselor identity (Stoltenberg & McNeill, 2010). External evaluation from faculty and peers helps students evaluate their concept of who they are as a counselor, who they want to be, and how to move toward that goal (Auxier, 2003). These evaluations provide students with a motivation to learn and evolve in their practice. Additionally, self-reflection is a vital component of PID, as the ability to integrate personal meaning and apply previous learning to their clinical practice is a significant task in counselor identity development (Gibson et al., 2010).

Yet, the most prevalent variable in practicum students' counselor identity development is clinical experience. Direct clinical experience is an essential part of PID in counselors (Gibson et al., 2010; Prosek & Hurt, 2014), as it allows practicum students to better understand the complexity of the therapeutic process and move toward other developmental tasks. However, due to COVID-19, many practicum students had to cease or reduce their practicum hours, which consequently affected the domains of clinical experience, client relationship, and exposure to the clinical process, potentially impacting their PID. Further, given that

practicum students strongly rely on external evaluation and self-reflection to develop a professional identity (Auxier, 2003; Stoltenberg & McNeill, 2010), it is important to understand the extent of the impact of the abrupt disruption of clinical and academic services caused by COVID-19, and how that might have affected the learning domains of skills acquisition, development of a systemic counselor identity, and even the capacity to cohesively grasp and define counselor identity.

Purpose of the Study

Given that the counseling practicum experience is a milestone within PID (Hodges, 2015) and has implications for decision-making skills and being able to make appropriate interventions (Ikonomopoulos et al., 2016), it is important to explore how practicum students' experiences during COVID-19 have impacted their PID. Therefore, the purpose of the current study was to phenomenologically explore the lived experiences of master's-level practicum students taking a counseling practicum course during the COVID-19 pandemic, and how these events are reflected in their sense of counselor professional identity.

Method

Research Design

The present study utilized a phenomenological research design. Participants were prompted to reflect on and describe their experiences as practicum students during COVID-19, and how that experience intersects with their counselor identity development. In keeping with phenomenological principles, the meaning of the findings relied strictly on the participants' interpretation of their experiences, and inferences were made based on those experiences (Hays & Singh, 2012). Specific to a phenomenological design, the data analysis method chosen was Interpretative Phenomenological Analysis (IPA), which focuses on the reflection of the lived experiences of

individuals, as it aims to understand a specific phenomenon (Smith et al., 2009).

Participants

The sampling method utilized for this study was purposive sampling. Upon receiving approval from the institutional review board, the investigators used university websites and their professional networks to identify faculty who taught master's-level practicum courses in the Spring 2020 term. Emails were sent to these faculty members requesting that they disseminate study recruitment information to interested students who took practicum during the Spring 2020 term. Qualification for participation included being enrolled in a practicum course in a master's-level, CACREP-accredited clinical mental health program during the Spring 2020 term. For the purposes of the current study, "practicum" was defined as the first clinical course in a given program that requires direct client contact with community members. This excludes clinical courses utilizing mock sessions or role-plays with peers or family members.

Seven students responded to the call for participants, but one participant did not respond to efforts to schedule an interview. Therefore, our final sample consisted of six participants. Our participants included four master's-level students in a CACREP-accredited clinical mental health counseling program, one student in a professional counseling program, and another student in a CACREP-accredited counseling program with a concentration in school counseling. To ensure confidentiality, a preferred pseudonym was solicited from each participant. Participant one, Sally, identified as a 24-year-old, Asian/Caucasian female and reported having 3 to 4 years of counseling experience, including academic training and previous volunteer work as a client advocate. She described her practicum site as a domestic violence and sexual assault clinic, where she was seeing approximately six clients per week prior to COVID-19. Participant two, Annabelle, identified as a 29-year-old, White female, and reported having 4 to 5 years of counseling experience, including academic training. Her practicum site was an inpatient

rehabilitation facility, where she primarily conducted groups and crisis sessions. Participant three, Naomi, identified as a 24-year-old, Latinx female with less than 1 year of clinical counseling experience. Her practicum took place at a residential center for abused and neglected children, where she was seeing approximately eight clients per week before COVID closures began. The fourth participant, Kallie, identified as a 24-year-old, White female with less than 1 year of clinical counseling experience. She completed her practicum at a university counseling center, where she was seeing 8–9 clients per week for individual sessions. Participant five, Nicole, identified as a 23-year-old, White female with less than 1 year of clinical counseling experience. She was assigned to a middle school for practicum, where she saw approximately 5–15 clients per week in both group and individual sessions. Lastly, participant six, MB, identified as a 35-year-old Brazilian/Latina female with 1 to 2 years of clinical counseling experience. Her practicum site was an intervention center, where her caseload varied from 4–17 individual and family counseling clients per week. All six participants endorsed an intention to continue to work in the counseling profession.

Data Collection and Analysis

Data collection and analysis were conducted by two female, third-year students in a CACREP-accredited doctoral program in Texas. Data were collected through semi-structured, individual interviews conducted via Zoom video conference software, and each interview lasted approximately 40 minutes. Both video and audio recordings were utilized. Investigators used six open-ended questions to elicit participant experiences while counseling during the COVID-19 pandemic and any potential perceived impacts it had on their counselor identity formation. Interview questions were based on a review of previous literature focusing on the impact of widespread crisis situations on counselor identity development. In the interview, participants were prompted to explore their understanding of counselor identity more broadly and then discuss the impact of specific aspects of their practicum

experience. Representative interview questions include: What is your understanding of counselor identity? How was your experience of completing practicum during the COVID-19 pandemic? How did that experience shape your sense of counselor identity development? Each interview was transcribed using online transcription software (otter.ai), and each transcript was checked for accuracy by a research team member. The finalized transcript was then sent to another research team member to compare to the initial recording.

The data collection and analysis method utilized followed the IPA methodological style (Smith et al., 2009), where a descriptive noting and bracketing process was conducted to identify possible themes. Emerging themes were then solidified, and connections and relationships among themes were identified. Additionally, to evaluate the significance of the themes, at various stages in the theme identification process, the researchers sought feedback from colleagues who had taught or supervised CITs during COVID-19. Investigators analyzed and coded the transcripts together, to set a cohesive pattern of data analysis. A total of three rounds of data coding were conducted. Further, a process of inter-rater reliability (IRR) took place, to ensure agreement of the coding process and emerging themes. After themes were finalized, member checking was conducted via emails sent to each participant, which included information on themes and representative quotes from participant interviews and provided opportunities for participant feedback (Hays & Singh, 2012).

Positionality and Trustworthiness

The investigators were aware of several pre-existing factors that might influence data analysis. Given the pervasive nature of the COVID-19 pandemic, the investigators were conscientious of the effect that their own personal and professional COVID-19 experience may have on their interpretation of interview data. Additionally, both investigators are doctoral students who served as clinical supervisors to master's-level practicum students during the Spring 2020 semester, and in this role, shared dual relationships with some of the study participants.

The investigators were also aware that their own professional identity development process may influence their perspective on the data. Further, to identify and mitigate the potential influencing effects of any pre-existing biases and assumptions, the investigators met before beginning data collection and explored methods to minimize their impact on data collection and analysis. The investigators took a three-part approach to bracketing prior to data collection by examining the impact of COVID-19 on their own counselor identity, discussing observations from their own supervisees during Spring 2020, and comparing their own development experiences to PID literature.

Throughout the process of data analysis, several trustworthiness methods were utilized to ensure the validity and credibility of the study. Investigators journaled about initial impressions and reactions following each interview to minimize carry-over across interviews. The current study also utilized a research team structure to ensure that multiple perspectives assessed the data and came to a consensus. Additional trustworthiness methods included member checking to ensure participant agreement, simultaneous data collection and analysis, and the use of an external auditor and reviewer to evaluate the accuracy of the findings. The external reviewer was a counselor education faculty member, who has developed and taught multiple courses on qualitative research methodologies and has previously published qualitative research studies in peer-reviewed journals. The reviewer examined the coding data after both the first and second rounds of coding and advised investigators on how to maintain alignment with the IPA framework and maintain objectivity in data analysis.

Findings

Four major themes emerged from the data, including internal and logistical impacts of COVID, transforming professional identity, the need for flexibility, and the impact of support systems.

Impacts of COVID

This theme was experienced by all participants, and it refers to the logistical (i.e., environmental, technological, etc.) and internal impacts associated with COVID that directly impacted the participants' practicum experience.

Logistical Impacts

Logistical impacts manifested as issues with practicum sites' levels of transition preparedness, abrupt discontinuation of counseling services, technological difficulties, and telehealth boundaries. Five participants reported an abrupt and confusing transition to telehealth services. MB recalled, "It was a mess. A huge mess. I remember being in my practicum site, and we called the clients, and we were like, 'Hey, so because of COVID, we are going to cancel our sessions this week, and we're going to call you again in 2 weeks, once all of this is over.' [...]" But then that didn't happen; it actually got worse." These five participants also endorsed feeling that difficult transitions to telehealth contributed to their stress and/or sense of disorganization during their practicum experience.

Consequently, participants reflected on their abrupt discontinuation of counseling services. Both Naomi and Annabelle lost the majority of their clients because of the COVID-19 pandemic, with Annabelle noting "The practicum facility that I was at was not meant to go virtual one bit [...] there were a couple of clients that I had on my caseload that I was like, 'We can't get ahold of them! Where did they go?'" Further, Sally noted that due to shelter-in-place orders and quarantines, her practicum site decided to transfer all of her clients to other counselors. In response to the decision, she stated, "A counselor is really like a form of stability, so for me to just be like, 'Yep, here's your next counselor....' I absolutely hated it."

In addition to caseload inconsistencies, participants reported technological difficulties of online counseling, including unreliability of Wi-Fi and external interruptions, which resulted in a necessary reflection on telehealth boundaries. Specifically, MB reflected on the lack of training on

how to navigate issues unique to telehealth: “If my client is drinking wine in session [...] nobody told me what I was supposed to do. Like should I tell her to stop or...? You know? It's just those awkward moments like, ‘Okay, I was not trained for this.’” All participants reported that these logistical impacts influenced their ability to feel present and competent with their clients, consequently affecting their initial experience as counselors.

Internal Impacts

Negative feelings such as stress, inadequacy, and anxiety were prevalent in participants’ responses to their practicum and COVID-19 experiences. The verbiage used to describe these emotional reactions was very vivid and expressive. When asked to reflect on her practicum experience, Sally responded, “It got really overwhelming when there was this uncertainty about the world and life as it exists.... Just that level of panic and fear [...]. It was baptism by fire.” Annabelle, who worked at a crisis clinic, had a significant emotional response to COVID-19 as well. She described her practicum experience as “pretty high, high stress,” and when speaking of difficulties that she experienced with scheduling, ensuring client safety and confidentiality, and effectively communicating with clients, she noted, “It kind of got worse as things progressed.”

Within the internal impacts of COVID, the participants expressed concerns for their future development as counselors. Naomi’s responses revolved around worrying about getting an insufficient number of hours to pass her clinical course, and fear that she would be a less capable clinician due to her experience, as she stated, “This is where I find out if I'm made to do this or not, and then you're trying to do it. But there's a pandemic, so you're like, oh oh.... I can't really get all the practice that I really need.” Similarly, MB stated, “I wish I could look behind and say ‘Oh, this made me a badass counselor,’ and not ‘Oh, this made me a lame counselor that doesn’t know how to be in a room with someone.’ So I’m hoping for a good outcome, but I can’t tell you what that outcome will be because I still don’t know.”

Transforming Professional Identity

All six participants noted that the events surrounding COVID-19 affected their counselor identity processing to varying degrees. This theme constitutes four sub-themes: clinical skills, clinical orientation, professional growth, and perceptions of competency.

Clinical Skills

Participants reflected on their counseling skills acquisition as they navigated the inevitable impacts of COVID-19. When considering adapting to telehealth, Annabelle stated, “It's just different in the fact that you're having to pick up on other things [...] whenever I was doing basic skills, [...] the number one thing I love to do was like note how you're sitting, how you're like playing with your fidgeting and stuff, but you don't get to see that.” Other participants noted that adapting to telehealth required them to present differently as counselors. MB reported, “I became way more straightforward with my clients,” and Kallie stated, “Doing online counseling, you kind of have to be more confident than you are in the room with them because you lose so much of the little communication bits [...]. So I found myself having to be more confident in what I said and the questions I asked, and not relying so much on just like natural nonverbal communication.” Furthermore, participants reported that the global situation made them more empathetic; as Naomi noted: “I guess being [in] COVID has taught you how to have more empathy than you really want.”

Clinical Orientation

Clinical orientation encompasses the participants’ theoretical orientation, the conceptualization of their counselor roles, and how they approached sessions. Sally noted that her counselor role often felt like a crisis counselor, as she stated, “Counselor identity, for me, I really just kind of summarize as like damage control.” Further, Naomi reflected on how her clinical orientation was consistent despite the events during practicum, as she reported: “I guess just counseling in general, like, it didn't feel the

same. But the things that I was to say online would have been the same things I was saying in person. I didn't change kind of how I would have gone about the situation; I only had to adapt to the inconsistencies that would have been — that wouldn't have been there had I been in person.”

Perceptions of competency

Perceptions of competency refer to participants' shift from feelings of inadequacy to self-reliance and competency. For MB, the shift in feelings of inadequacy into competency came with experience and the realization that “I think I can do more than I thought I could do.” Additionally, Naomi explored that although she experienced feelings of inadequacy in working with individuals in different life stages than her, through the academic and clinical experience she was able to develop feelings of competency: “It kind of made me have to believe in myself, [...] I'm here for a reason and like, I'm learning this stuff.” Lastly, Sally, utilized her lack of supervisory support as an opportunity to increase her professional ownership, as she stated, “That lack of supervision forced me to be more secure in my decisions and like my decision-making process. So, as a counselor now, I'm like, thinking of that when I'm in session with the client, like, I'm not as doubtful of myself or like, I don't know what to do.”

Professional Growth

This subtheme refers to participants' perceptions of growth and movement within their sense of professional identity. Kallie reflected on her professional growth being tied to the experience in clinical practice, the therapeutic relationship, and client feedback: “You just kind of learned from each client, especially when it's your first time counseling; you're doing every situation for the first time. So once you have dabbled in that kind of issue, then you have some lessons to carry on to the next like, to whoever might have that same issue later on.” Further, Annabelle reflected on the process of having realistic expectations for her professional growth: “I thought I needed to be an expert in everything, and I needed to just like, have

all the answers [...]. I realized that, you know, a lot of us are just kind of winging it ourselves.” For Nicole, movement occurred in realizing that she is still growing as a professional: “I think that my counselor identity is still forming now.... But I do think that having that experience allowed me to like, be reminded like, what the purpose is [...]. It reaffirms kind of that, like, drive, which I think is part of my counselor identity of why I'm here.”

Even so, participants still reported confusion and uncertainty around their professional identity growth as well as the idea of counselor professional identity. Kallie, for example, states that she never thought about what a counselor's professional identity is. Further, Naomi stated, “I'm a counseling student. Like I'm a counselor, but like, first of all, I'm in practicum, so I'm not really a counselor; I'm just starting.” Lastly, MB reflected on the continuity of her professional growth: “Everything gets kind of confused, because at the same point that I'm building myself as a counselor, I have the nature of my practicum, and then I have my supervisor, and I have my classes, all kind of pouring in. And so what changed me? Was it going to telehealth or was it my supervisor feedback? Or was it, you know...?”

Flexibility

This theme was experienced by five of the participants, and it refers to how their professional and personal growth was impacted by the need to adapt and be flexible given the circumstances resulting from the COVID-19 pandemic. When reflecting on the transitions COVID required, Annabelle stated, “going from in-person to all of a sudden get cut off, had to go to telehealth, and now we're kind of doing half and half. Just having that flexibility is such a key thing.” Additionally, each of the participants reflected on how flexibility played an important role in their counselor professional identity. Nicole noted, “being flexible is like the buzzword of any counseling student [...] especially now you throw in COVID with it, adds even more flexibility to what you do as a counselor. If you aren't flexible, you are not going to make it.” Further, Naomi stated, “learning to adapt in a certain way, and kind of changing your style or

changing what form you need to do for a client, and building a relationship through telehealth is a lot more difficult than building it in person.” Lastly, when reflecting on flexibility, Kallie called for a professional understanding of flexibility, as she stated, “I think that it [COVID] is a reminder that anything could happen and that we do need to be prepared as a profession.” We then personalized that flexibility and stated, “I have to remind myself to be flexible, and just go with whatever happens, and it doesn't have to be perfect.”

Support Systems

Support systems, or lack thereof, played a key role in the experiences of all of our participants. These support systems included academic settings, peer connections, and supervisory relationships. Naomi reflected on her experience of a lack of structure and support from her professor during her practicum class as she stated, “My professor was confused and didn't know what was going on. We were all confused, and I was frustrated. Because really, you're the professor, you should know what was going on.” Nicole on the other hand, talked about the lack of support from her practicum site as she tried to advocate for her client's mental health amid school closures and interruptions: “It's just also complicated [...] to give them the academic support that they need, let alone on the mental health pieces.”

Additionally, participants reflected on the lack of direct peer support through their practicum experience. Naomi talked about the difficulties of not having peer support due to classes being held on Zoom, and stated, “It's hard, too, because like, in practicum is when you're learning basics ... that's your first time going out and counseling people.... So you rely on information from classmates and your professor in class. And we didn't get any of that because it was through Zoom.” Similarly, MB reflected on not having direct access to her peers, as she stated, “I felt very lonely, because it's one thing when you're doing therapy and then you're with a bunch of other people who are learning to do therapy and you talk to them, and it's another thing when you're doing trauma work, and then you turn

off your computer and you're by yourself in the room.”

Further, all participants reflected on their supervisors' roles throughout the process. Five participants described having positive experiences with supervisors and identified that positive relationship as an essential factor that helped them throughout their process of becoming a counselor. Specifically, Kallie talked about the importance of having a supervisor and professors that normalized her experience both developmentally and within the context of COVID-19. She said, “[They] would always remind me ... ‘You're not going to be a good counselor at first.’ That's something I struggled with personally [...], and so being reminded of that, just setting realistic expectations that you know, this is the first time we're doing this. Really, you're just trying to get used to being in a counseling room and talking to clients for the first time. You don't have to, like, change their lives right away.” On the other hand, Sally's experience with her supervisor throughout COVID-19 was significantly distressing: “She ghosted me ... and like, there's a point as a student where you're like, ‘Am I becoming bothersome?’, but I genuinely don't know what's going on. Like, I need help from my supervisor, like, ‘Where are you?’.”



Discussion

The purpose of the current study was to phenomenologically explore the experiences of master's-level practicum students taking a counseling practicum course during the COVID-19 pandemic, and how that influenced their sense of counselor identity development. Many of the themes we identified provide evidence for participants' progress through Gibson et al.'s (2010) transformational tasks, as the main issues explored in this study included the participants' definitions of counselor identity, an increase in self-reliance, and the elements within their experience that helped students to develop their sense of counselor identity.

Impacts of COVID

The experience of completing a practicum course during the COVID-19 pandemic was characterized by both logistical and internal impacts. Feelings of stress, inadequacy, and anxiety are expected for practicum students (Ronnestad & Skovholt, 2013; Stoltenberg & McNeill, 2010). Yet, when COVID-19 hit, participants reported additional fears around their practicum experience, including feelings of grief, guilt, and extreme worry about their current and future situation as counselors. Students reported increased stress related to skill acquisition during abrupt clinical disruptions, either through discontinuation of services or decrease of caseload. Given that clinical experience is one of the central pillars of counselor identity development (Gibson et al., 2010; Prosek & Hurt, 2014), it is possible to see how the COVID-19 pandemic directly affected the participants' initial sense of counselor identity. Further, the logistical impacts of the global pandemic directly affected the individuals' internal chaos and the process of therapy (Vostanis & Bell, 2020), adding a layer of complexity to the students' process of PID. This layer serves as a possible explanation of the students' difficulties in exploring and solidifying their understanding of counseling as a whole.

Transforming Professional Identity

The theme *transforming professional identity* refers back to Gibson and colleagues' (2010) first developmental task: defining the profession. Through their narratives, our participants consistently reflected on how their hands-on experiences as counselors directly impacted how they viewed themselves through clinical skills and orientation (Hodges, 2015), as direct clinical experience is an essential part of PID (Gibson et al., 2010; Prosek & Hurt, 2014). Further, participants talked about their development as a continually evolving process — although their narratives still reflected the uncertainty around their own professional identity. This is inconsistent with their expected developmental stage, since, at the time of graduation, students should have a clear idea of what the counseling profession is and how that

relates to their personal and professional identity (Gibson et al., 2010). On the other hand, the participants deeply explored their progression from feelings of inadequacy to perceptions of competency. Self-reliance is traditionally seen in the latter practicum phases of counselor training (Gibson et al., 2010); yet, for the participants in this study, it was developed in earlier practicum stages. Many of the participants attributed this to having to learn to ground themselves and validate their own resilience and competency throughout the unpredictability of their practicum experiences. Therefore, while some participants could not necessarily articulate their counselor identity, each of the participants demonstrated some growth in their understanding of themselves as counselors.

Flexibility

Flexibility both internally and in clinical settings is evidence of movement within the second transformational task (Gibson et al., 2010), as it is reflective of a growing ability to identify needed adjustments and areas for improvement. Each of the participants reported a high need for flexibility during their practicum experiences. Due to the external impacts of COVID-19, participants recognized that they needed to adapt to the situation they were in. This phenomenon came with an internal narrative shift, wherein students realized that they needed to expand empathy and flexibility, both to themselves and others, resulting in feelings of resilience, easing of anxiety, and increased self-growth. Previous studies indicate that cognitive flexibility is an important factor within counseling trainees (Gibson et al., 2010), especially when developing multicultural competence (Martinez & Dong, 2020). Given that the participants were required both personally and professionally to navigate a global phenomenon, their ability to appreciate the importance of an individual's context increased, thus strengthening their ability to provide flexibility of care. This appreciation for contextual factors is a key factor in multicultural competence (Bassey & Melliush, 2013). Because students were more flexible, they were able to better understand their own experience of completing practicum

during a pandemic, as well as understand their clients' emotional responses to the situation around them. Flexibility then became a central aspect within the narrative of how participants interpreted their professional identity as counselors. Early on, they each had to shift away from textbook understandings of how to be an effective counselor, and instead put their energy into being the best counselor they could be, given the unique situation they were in. The increased responsibility they experienced due to the impacts of COVID-19 resulted in participants taking ownership over their education, enhanced security in their own decision-making ability, and heightened their self-confidence, especially as it relates to their counseling abilities.

Support Systems

Lastly, aligned with previous literature, all participants reflected on the impact of support systems on their identity development. As PID is heavily impacted by professors, peers, and supervisors (Auxier, 2003; Stoltenberg & McNeill, 2010), participants explored positive and negative experiences within these relationships that shaped their development as counselors. When recalling their experiences, participants often reflected on the negative impacts that faculty and supervisors had on their practicum experience, which often resulted in feelings of stress and confusion. This indicates the need for faculty and supervisors to be more attentive and present during uncertain times, as students often utilize those relationships to aid in regulating fear and anxiety (Ronnestad & Skovholt, 2013; Stoltenberg & McNeill, 2010). Congruently, the participants that did indicate positive experiences with their supervisors, faculty, and peers often provided more nuanced reflections on their professional growth, reinforcing the importance of positive support systems in practicum students' PID.

However, in contrast to the transformational tasks model (Gibson et al., 2010), none of the participants spoke of developing a systemic counselor identity or feeling connected to the greater professional counseling community.

Research done prior to COVID-19 showed that relationships with more experienced counseling professionals have been correlated with increased professional engagement (Prosek & Hurt, 2014), and that connection to larger professional networks fosters a sense of professional identity within the counseling field (Puglia, 2008). Unfortunately, due to COVID-19, many professional engagement opportunities (e.g., conferences, research collaborations, trainings, etc.) were discontinued or disrupted, resulting in decreased exposure to more experienced counselors. That, coupled with the limited contact with peers and supervisors that many of our participants reported, suggests that the participants experienced little exposure to the professional counseling community and thus their ability to develop a systemic professional identity was adversely affected.

Implications for Teaching and Supervision

Although many participants had an unclear definition of counselor identity, they still demonstrated clear progress within the counselor PID stages. This finding suggests that students may benefit from more active involvement and discussions from faculty and supervisors regarding counselor identity, which could potentially provide necessary clarity and serve to reinforce a connection to the counseling community. In this way, the results of the current study align with traditional identity development literature suggesting that faculty and supervisors should discuss the topic of professional identity and different developmental stages in the profession (Gibson et al., 2010; Ronnestad & Skovholt, 2013).

In addition, all participants reported a lack of support from faculty or did not mention faculty as an important factor in identity development. Often, faculty plays an important role within PID by promoting an environment that explores reflexivity of experience (Owens & Neale-McFall, 2014), and professional engagement (Prosek & Hurt, 2014). Therefore, the inconsistent professional identity development of the participants may, in part, be reflective of a lack of faculty and professional

involvement during the COVID-19 pandemic. The authors propose that faculty and academic programs be more involved in soliciting students' experiences, especially in times of crisis, to inform necessary student support efforts, as greater support might aid students in developing a more cohesive sense of the profession as a whole. Additionally, counselor educators and supervisors should be intentional in their attempts to address and mitigate the adverse impact of the minimal opportunities for professional community engagement and development during COVID-19. As conferences and networking events resume, encouraging and connecting CITs with the counseling field will play a key role in mitigating experiences of compassion fatigue and vicarious trauma caused by providing care during the COVID-19 pandemic (Litam et al., 2021).

Further, a key aspect of the participants' experiences was the realization of the importance of flexibility within the counseling profession. Therefore, it may be beneficial for faculty and supervisors to model flexibility within their practice. As flexibility is a key aspect within counseling and multicultural education, faculty and supervisors should be intentional in emphasizing flexibility in classroom and clinical settings. Incorporating flexibility into didactic coursework and clinical skills instruction may be beneficial, as fostering flexibility can expand students' understanding of the counseling process, individual experiences, and societal context.

Furthermore, many participants talked about the lack of preparedness from practicum sites and academic programs to handle crisis situations. While the global events around COVID-19 were unprecedented in many ways, it is proposed that counseling programs and counseling sites develop appropriate strategies and protocols for crises. For practicum sites, it is suggested that clinical directors come up with fast strategies to adapt counseling and supervision methods in the event of crisis situations. For counseling programs, the authors suggest online class training to faculty on how to appropriately deliver curriculum and engage students through online methods. For faculty, it is suggested to

include telehealth training for students in practicum classes, and to promote spaces for peer debriefing and discussion within online platforms. Additionally, for both programs and faculty, an open line of communication with students is suggested, where students can openly talk to professors, and expectations around practicum requirements are often communicated with students.

Lastly, the participants' experiences contribute to the understanding of PID in counseling practicum students. The conceptualization of their experience brought to light specifically the flexibility and competence of students when confronted with adverse circumstances. This speaks to a level of resilience within practicum students that were previously unestablished in the literature. Finding opportunities to foster this resilience may play a key role in the identity development of future counselors-in-training, especially as the events of the COVID-19 pandemic continue to impact clinical environments.

Limitations of the Study and Future Research

The first limitation of the study was that two of the six interviews took place approximately 11 months to 1 year after the onset of the pandemic in the United States. While all six participants were enrolled in practicum during the Spring 2020 term and, at the time of their interview, all were currently enrolled in their last semester of their master's program, four of the interviews (Sally, Kallie, Annabelle, and Naomi) took place during Fall 2020, while Nicole and MB were both interviewed in Spring 2021. This time difference may have impacted the overall recollection of the participants' experience. The second limitation is dual relationships, as the researchers and three of the participants belong to the same academic department, which may have influenced their perspectives; therefore, this study should be replicated with students from different institutions to see if the results align with the current findings. Additionally, one of our participants represented the school counseling profession, and it was apparent that her experience differed in many ways (e.g.,

clinical experience) from the clinical mental health counseling students; for that reason, further research on how COVID-19 impacted the PID of school counseling students is also recommended. Lastly, participant demographics constitute a potential limitation for the current study. While there was some diversity in the ethnic/racial identities of our participants, all of our participants identified as female, and there was not much variation in participant age, as all but one of our participants were in their 20s.

Conclusion

The findings of this study indicate that the COVID-19 pandemic had both negative and positive impacts on the counselor identity development of practicum students. Although participants demonstrated an underdeveloped overall understanding of the scope of counselor identity, they still developed their own counselor professional identity. Self-reliance and flexibility were key strengths of the participants. As participants dealt with logistical and internal impacts of COVID-19, they still saw movement within their professional identity development through flexibility, self-reliance, and support systems that aided them in a transformational movement toward their professional growth as counselors. The findings also indicated a greater need for academic and supervisory support through instances of crisis. More active involvement from faculty and supervisors in exploring the concept of counselor professional identity development may aid students in understanding their role as a counselor and lead to an improved understanding of what the profession is and a better introduction to the professional world.

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