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***The Perceived Stressors and Coping Skills  
of Graduate Students: A Development and  
Validation Study***

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**Abstract**

This article outlines the development and validation of two instruments evaluating common stressors and coping skills as perceived by graduate counseling students. The review of the literature illustrated a need for the development of measures to provide empirical support in regard to the stressors and coping skills of graduate students in counseling programs. Exploratory factor analyses were applied to the two respective scales to evaluate the constructs. Recommendations and limitations are offered to further the development of psychometric properties within the scales.

Many, if not most, people will experience stress on frequent basis. Stress can take various forms for people including physical and emotional symptoms. However, there is not a singular definition of stress, according to the American Institute of Stress. The American Institute of Stress maintains that a singular definition is not feasible due to the different ways people internalize stress. An incident that one person may find stressful may not be stressful for another, and vice versa (The American Institute of Stress, n. d.).

Stress, as noted by the American Institute of Stress, is subjective. Seyle (1936) attempted to define stress as, “the non-specific response of the body to any

demand for change” (p. 132). Seyle and his lifelong work on stress, as chronicled in Szabo, Tache, and Somogyi (2012), was a leader in the medical field. He also identified and studied the differences between *eustress* and *distress* as well as the specific and non-specific effects of stress.

When stress is helpful and motivating, it is known as *eustress*, and when stress is overwhelming and debilitating, it is known as *distress*. Stress is often viewed in a negative way, when it can actually be helpful and motivating for many people in different ways. Often, when stress intensifies for a person, they become more increasingly productive. However, there is also a stress “tipping point” of sorts. The

stress “tipping point” is different for each person, and the amount of time, as well as the combination of stressors, all are important factors to consider (Seyle, 1974).

With stress, comes the need for coping. Folkman (2010) described coping skills as cognitive and behavioral strategies one uses to deal with the demands of stressors. Further, coping strategies can be categorized as either problem solving, which is aimed at minimizing the stressor, or emotion focused, aimed at decreasing one’s distress related to the stressor (Folkman, 2010; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gmen, 1986; Taylor, 1998).

The determination to engage in problem solving or emotional strategies seem to be influenced by both personality type of the individual as well as the kind of stressful incident (Folkman, 2010; Taylor, 1998). Additionally, these coping strategies are further examined as an active strategy or an avoidant strategy. Active strategies are typically seen as more helpful for stress mitigation, while avoidant strategies increase psychological risk (Folkman, 2010).

### **Graduate Students and Stress**

Graduate students face a significant amount of stress, both inside and outside of the classroom (Cooke, Sims, & Peyrefitte, 1995; DiPerro, 2010; Hyun, Quinn, Madon, & Lustig, 2007; Oswald & Riddock, 2007). Graduate students in counselor education programs are no different, with students identifying multiple stressors, including expectations of faculty, financial stressors, family and relational stressors, as well as feelings of competition with other students (Hughes & Kleist, 2005; Smith, Maroney, Abel, Abel, & Nelson, 2006). Counseling is a wellness profession (Kaplan, Tarvydas, &

Gladding, 2014), and the CACREP standards (2016) encourage the implementation of wellness and self-care at all levels of counselor training and preparation. While all graduate education can be viewed as stressful (Lovitts, 2001; Lovitts & Nelson, 2000), doctoral students in particular are at significant risk of not completing their degree program; doctoral attrition rates of all doctoral students across disciplines is approximately 50% (Lovitts, 2001; Lovitts & Nelson, 2000). Application to, and enrollment in master degree programs across all disciplines is at an all-time high (Allum & Okahana, 2015), and yet there are many students who may not complete their program of study (Allum & Okahana, 2015; Lovitts, 2000; Lovitts & Nelson, 2001). Certainly, stress plays a role in the success or lack thereof for graduate students and their completion or attrition (Cooke, et al., 1995), as well as the use of coping strategies.

Graduate students also appear to have more responsibilities than undergraduate students, which may also increase their levels of stress (Grady, La Touche, Oslawski-Lopez, Powers, & Simacek, 2014). Graduate students are often juggling work responsibilities, class demands, and family and personal life tasks (Grady et al., 2014; Hughes & Kleist, 2005). Graduate students may also struggle with role strain and role confusion, as well as “lack(ing) access to institutional power” (Grady et al., 2014, p. 6). Research done by Crothers (1991) acknowledges graduate students as being in a transition period of sorts not fully in the realm of a professional, and often not only in the role of student. This “transitional status” is also mired in financial and resource limitations for graduate students (Crothers, 1991). Hyun, Quinn, Madon, and Lustig (2006) further

examined graduate student mental health as well as the likelihood they would seek counseling services. Stress related issues were reported by almost half of the respondents in this study. The two most prevalent stressors graduate students reported were depressive symptoms and financial stressors.

Graduate students in the helping professions may be at particular risk for burnout as mental health professionals have higher levels of burnout than do those employed in other sectors (Felton, Coates, & Christopher, 2013). It is imperative for counseling students to be aware of potential stressors and available coping strategies because self-care is an ethical mandate in order to protect clients (ACA Code of Ethics, 2014). Graduate students in counselor education programs are not immune to the stressors of other graduate students. In fact, there may be additional stressors for counselor education graduate students (Hughes & Kleist, 2005; Felton et al., 2013; Smith et al., 2006).

Furthermore, Burck, Bruneau, Baker, & Ellison (2014) examined the perceptions of wellness with counselor education graduate students through focus groups, and three distinct themes emerged: wellness is important and unique for each individual; students becoming increasingly aware of wellness; and emerging counselors recommendations for counselor education programs. Participants, in providing recommendations for counselor education programs, encouraged counselor educators to examine the effectiveness of their current wellness foci, as well as urging counselor education programs to think creatively about how to deliver wellness information to students (Burck et al., 2014).

Another study examined the impact of a stress management course for counselor education students. Students enrolled in the course examined stress in three domains “psychological, physiological, and socioenvironmental” (Abel, Abel, & Smith, 2012, p. 66). The course proved successful for the students, and certainly seems to address the emergent counselors concerns of thinking creatively about addressing wellness in counselor training programs (Burck et al., 2014).

Knowing the detrimental impact of impaired counselors (Lawson, 2007), it is important for counselor educators to understand the implications of choosing to ignore wellness, self-care, and effective coping strategies. While many counselors that responded to the Lawson’s (2007) surveys were deemed to have a higher level of wellness, a number of counselors whose wellness level was lower were “at a higher risk of impairment” (p. 31). By focusing on the importance of wellness, self-care, and effective coping strategies during graduate education, counselors in training may develop lifelong strategies to combat the burnout and compassion fatigue Lawson identified.

Although stress, wellness, coping strategies, and self-care among clients, practitioners and the general population are areas of focus in the counseling literature (Folkman, 2010; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gmen, 1986; Lawson, 2007), it is important for a wellness profession to encourage additional dialogue and encouragement in this area, particularly regarding counselors-in-training. The researchers chose to develop their own instruments, due to a lack of previously existing measures unique to counseling students and due to the focus of the

instruments available (Hyun et al., 2006) being insufficient to help answer the research questions. Specifically, the available instruments primarily focused on utilization of mental health care, rather than the infusion of coping strategies by graduate students. With the increasing acknowledgement of the importance of wellness, stress mitigation/management, coping strategies, and self-care, this study aimed to address counselor education graduate students' stressors and coping skills by examining the following three research questions: (1) What are the psychometric properties of the Graduate Student Stressor Scale (GSSS)? (2) What are the psychometric properties of the Graduate Student Coping Survey (GSCS)? (3) What are the perceived stressors and perceived coping strategies of graduate students?

## **Method**

### **Participants and Sampling Plan**

Participants were sampled from masters-level and doctoral-level students enrolled in counseling programs in the United States. The researchers utilized purposeful sampling for the subject population of graduate students in counseling programs. Department chairs and faculty designees were identified for each university in the United States housing a graduate level counseling program. In addition, counselor educators known to the researchers were identified as a secondary contact person for corresponding universities.

### **Instrumentation**

In reviewing the existing literature regarding stressors and coping skills, the researchers attempted to find reliable and

valid instruments in the profession of counseling to answer the research questions specifically focusing on graduate students in counseling programs. Although instruments existed in the literature that explored various aspects of the study, no comprehensive instruments measuring the identified constructs were found. Therefore, the researchers modified two instruments developed for a related pilot study ( $n = 87$ ) during doctoral level coursework at a northwestern university. The Graduate Student Stressor Scale (GSSS) and the Graduate Student Coping Survey (GSCS) were developed by several of the authors to examine the stressors and coping skills of doctoral students in CACREP accredited programs (Authors, 2012). Graduate student participants were provided three instruments to complete in the web-based tool Survey Monkey. The instruments included a demographic questionnaire, the GSSS, and the GSCS.

The Graduate Student Stressor Scale (GSSS) was developed to explore the perceived stressors of graduate students in counseling programs. The GSSS consisted of 22 statements that identified perceived stressors based on current literature and addressing each of the following constructs: time management, role conflict and strain, social evaluation, heavy workload and balancing program demands, intellectual mastery, integrating to the department, and peer faculty interaction. Responses were provided using a 5 point Likert-type scale ranging from strongly agree to strongly disagree corresponding to each statement (e.g. I sacrifice sleep to complete school work).

The Graduate Student Coping Survey (GSCS) was similarly developed to explore the perceived coping strategies of

graduate students in counseling programs. The GSCS consisted of 38 statements identifying perceived coping strategies based on current literature and addressing each of the following constructs: interpersonal coping, intrapersonal coping, balancing strategies, and time management. Again responses were provided on a 5 point Likert-type scale ranging from strongly agree to strongly disagree that corresponded to each statement (e.g. I usually use humor to cope). In addition, three open-ended questions were included at the end of the GSCS. Two questions explored other potential coping strategies not identified in the 38 statements and the third question was included to inform researchers of concerns or comments regarding survey construction.

### **Data Collection**

After obtaining IRB approval, distribution of the survey was conducted using Survey Monkey. Department chairs and faculty designees for each university in the United States identified in the sampling plan were contacted by email. Additionally, counselor educators known to the researchers were contacted by email as a secondary contact person. The email contained a cover letter describing the study and asking recipients to forward the information to their graduate students and respond to the researchers indicating whether or not they had forwarded the information. The cover letter further informed participants the survey would take approximately 15 minutes to complete and contained a link to Survey Monkey, directing participants to the informed consent and questionnaires.

### **Data Analysis**

The confidential data collected was downloaded from SurveyMonkey.com to the principal investigator's computer. Statistical Package for the Social Sciences (SPSS) version 23.0 was used for data analysis. Preliminary analyses incorporated descriptive statistics reviewing items' mean, median, mode, standard deviation, skewness and kurtosis. Secondary analyses utilized exploratory factor analysis (EFA). Where item skewness or kurtosis approached established thresholds for factor analyses (Fabrigar & Wegener, 2012), histograms were visually inspected. Additionally, inter-item correlations were reviewed. This review suggested the aggregate dataset was appropriate for exploratory factor analyses (Field, 2013).

Cronbach's Alpha were computed for each individual scale. Both scales demonstrated adequate reliability with Cronbach Alpha values of .838 for the GSSS and .872 for the GSCS. All items were retained as no substantial increase in reliability resulted from deletion of any items. Finally, individual scale composite scores were computed and reviewed yielding a significant medium correlation of .514 suggesting concurrent validity.

Factor structures for both instruments were assessed using exploratory factor analysis (Principal Axis Factoring). Direct Oblimin rotation was applied with Delta set at 0. Standard criteria were utilized reviewing eigenvalues, scree plots, and cumulative variance accounted for (Pett, Lackey, & Sullivan, 2003). Next, the extracted solutions were reviewed in terms of parsimony and alignment with the literature.

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## Results

### Participants and Setting

Table 1 represents descriptive statistics of the sampling. An initial sample of 298 participants ( $N = 298$ ) was collected and the removal of cases with missing data yielded a subsequent sample size of 272 participants ( $N = 272$ ). The reported age of the participants' ( $N = 272$ ) ranged from 21 to 61 with a median age of 26 and a mode of 23. The majority participants identified as White (82.4%) Heterosexual (91.5%) female (84.6%). In terms of gender, remaining participants identified as male (14.3%) and other (1.1%) comprised of "Male identified, gender non-conforming", "Non-binary trans person", and "Female to male transgender". Regarding affectional orientation, remaining participants identifying as Gay, Bisexual, Queer, Lesbian, and Pansexual. Disaggregation of participants' Ethnic Identity is presented in Table 1. Participants' relationship status was more distributed with 37.1% identifying as single, 31.6% identifying as married, 19.1% identifying as partnered, and remaining participants identifying as Engaged, Divorced, Separated, Widowed, and Other.

Nearly half (48.2%) the sampling reported being enrolled in a Clinical Mental Health/Community specialty, with remaining participants enrolled in School Counseling (28.3%), Marriage, Family & Couple (13.0%), and Other (10.7%). The majority participants (80.9%) reported having earned a Bachelor's Degree while only 17.6% reported already possessing a masters degree and less than 1% reporting other (e.g., Doctor of Education, Advanced Certificate). The majority of respondents were currently enrolled in a Master's-level (91.9%) CACREP-accredited (75.7%)

program at the time of survey completion. Program region was more distributed with participants enrolled in the South (45.2%), West (20.2%), Midwest (18%), and Northeast (16.5%).

Further exploration of Master's-level students ( $n = 250$ ) was conducted reviewing program specialty, phase in the program, years engaged in Master's studies, funding received, and number of hours worked outside of program requirements per week. Participants reported pursuing specialty areas of Clinical Mental Health/Community (47.6%), School Counseling (29.2%), Marriage, Couple & Family (13.6%), Student Affairs (3.6%), and Other (5.6%). The majority specialties participants listed as "other" reflected dual-track programs (e.g., clinical mental health and school). The majority of participants reported completing coursework (57.6%) in the first year of their Master's program (55.6%).

Reviewing "Amount funding received to complete Master's degree", the two largest groups of participants reported receiving "None" (36.4%) and "100%" (29.2%). Similarly, no majority emerged in response to "Hours worked outside Master's program per week". Approximately 39.6% of participants reported working more than 20 hours per week and 25.2% reported working 15-20 hours per week. Interestingly, the next largest concentration (13.6%) of participants reported hours worked outside of the Master's program as "None". Similar review was then focused on participants identifying themselves as Doctoral-level students.

A majority Doctoral-level participants (54.5%) reported pursuing Clinical Mental Health/Community program specialty while 18.2% reported pursuing

School Counseling and 27.3% reported “Other”. All participants choosing “Other” responded with “Counselor Education” as their specialty or counselor education along with a secondary specialty. No single category majority emerged for participants’ response to Phase in Program. The two largest distributions represented students completing coursework (36.4%) and students who having passed comprehensive exams were working on completing their dissertation (31.8%). Remaining participants were preparing for comprehensive exams (18.2%) or having proposed their dissertation were collecting data (13.6%).

Similar to Masters-level students, no majority emerged with 40.9% of participants reporting receiving 100% funding, 27.3% of participants reporting receiving 75-99% funding, 18.2% reporting “None”, 9.1% reporting 50-74%, and 4.5% reporting receiving 25-29% funding.

Also mirroring Masters-level students, the two largest distributions in response to hours worked outside program per week were more than 20 hours (40.9%) and 15-20 hours (36.4%). Remaining responses indicated 9.1% of participants worked 5-10 hours per week, another 9.1% of participants listed “None”, and 4.5% of participants worked 10-15 hours.

### Factor Structure

#### Graduate Student Stressor Scale (GSSS)

Consideration of the appropriateness of factor analysis for the GSSS was encouraging as Bartlett’s Test of Sphericity was found significant ( $p < .000$ ) and the Kaiser-Meyer-Olkin (KMO) value was .811. Review of the GSSS eigenvalues and scree plot suggested a five-factor solution

explaining 41.833% of the cumulative variance. After the initial extraction and rotation, items failing to adequately load (i.e.,  $\leq .40$ ) on any of the four factors were dropped from the solution. While item #15 (*I am learning the skills I need to become a counselor, counselor educator, or supervisor.*) successfully loaded onto factor three, the loading was just over the threshold. Additionally the authors determined the item focus to be outside the scope of the other three items. Thus item #15 was dropped from further analysis.

PAF (with Direct Oblimin rotation) of this subsequent GSSS yielded a 15-item four-factor solution still demonstrating healthy KMO (.787) and significant Bartlett’s. Cumulative variance accounted for by the revised four-factor solution increased to 46.090% with factor 1 explaining 22.960%, factor 2 10.634%, factor 3 7.713% and factor 4 4.783%. Table 2 presents the pattern matrix for the GSSS four-factor extracted solution.

#### Graduate Student Coping Survey (GSCS)

Similar appropriateness of factor analysis was found for the GSCS with a significant Bartlett’s Test of Sphericity ( $p < .000$ ) and a KMO value of .827. Review of eigenvalues and scree plot suggested an eleven-factor solution explaining 45.546% of the cumulative variance. After the initial extraction and rotation, items failing to adequately load (i.e.,  $\leq .40$ ) on any of the eleven factors were dropped from the solution. Additionally, single-item factors explaining low amounts of variance were reviewed within the context of the literature to see if their continued inclusion was warranted.

In finalizing the GSCS item #29 (“I am able to openly communicate my needs at home”) emerged as a single-item factor demonstrating a high loading (i.e., .859). This was surprising considering the item did not fall away with similar home-focused items (e.g., item #25 “My family supports my decision to be pursuing a graduate degree”), nor did it align with items addressing social support/communication. In concert with factor analysis recommendations (Pett, Lackey, & Sullivan, 2003) item #29 (and the single-item factor it represented) was dropped from further analyses.

PAF (with Direct Oblimin rotation) of the revised GSCS yielded a 17-item four-factor solution demonstrating healthy KMO (.801) and significant Bartlett’s. Cumulative variance accounted for by the revised four-factor solution was 43.90% with factor 1 explaining 24.936%, factor 2 8.729%, factor 3 5.840%, and factor 4 4.395%. Table 3 presents the pattern matrix for the GSCS four-factor extracted solution.

### **Discussion**

While it may be reasonable to presume most masters and doctoral counseling programs address self-care in one form or another (especially in consideration of CACREP curricular standards addressing such), counselor education graduate students are by no means immune to the effects of stressors commonly experienced within graduate studies (Thompson, Frick, & Trice-Black, 2011; Wolf, Thompson, Thompson, & Smith-Adcock, 2014). This study undertook the development and validation of two instruments exploring commonly experienced stressors and coping strategies for counselor education graduate students.

The Graduate Student Stressor Scale (GSSS) and the Graduate Student Coping Survey (GSCS) were created to address a lack of tools available to measure the constructs we wanted to explore. This was determined after an extensive literature review addressing stressors and coping skills of graduate students in counseling. After creating individual instrument items based on a review of the literature, exploratory factor analyses were applied to the two respective scales.

### **The Graduate Student Stressor Scale (GSSS)**

Exploratory factor analyses conducted on the Graduate Student Stressor Scale (GSSS) yielded a four-factor solution accounting for approximately 46.090% of the variance. Reviewing the literature, the researchers identified each of the four factors in pursuit of both parsimony and alignment with previous research. The four factors (and variance explained by each) were: Overwhelmed (22.960%), Professional Confidence (10.634%), Faculty Support (7.713%), and Acceptance from Family/Friends (4.783%).

Factor 1 (Overwhelmed) consisted of five items demonstrating moderate to healthy loadings and all focusing on relatively common aspects of stress experienced in graduate school (i.e., not enough time, neglecting outside obligations, sacrificing sleep, taking on too much, and fantasizing about quitting). Factor 2 (Professional Confidence) was comprised of five items, all demonstrating moderate to healthy loadings. More than just self-confidence, items appeared to center around how participants’ were perceived within the discipline as professionals (i.e., professional contributions, professional



knowledge, conferences, professional identity, and transitioning roles). Factor 3 (Faculty Support) was comprised of three items demonstrating healthy loadings and addressing student-faculty interaction. Interestingly, all three items focused on more relational aspects of faculty (i.e., feeling supported, taking time to connect, and freedom to be transparent) rather than official, programmatic support. Factor 4 (Acceptance from Family/Friends) contained two items both focusing on friends/family members expressing negative attitude towards participants' graduate studies (i.e., pressuring to focus efforts elsewhere, and difficulty accepting time dedicated to studies).

Overall, the researchers found the emergent four factors of the GSSS aligned with the literature regarding stressors commonly experienced by graduate students. Of note is that in this investigation, participants' responses demonstrated the importance of how professional identity as perceived is a significant stressor. This finding may speak to the relative importance placed upon practitioner professional identity within most counselor education programs (e.g., comportment, theoretical orientation, etc.). However, the researchers recognize that more definitive statements are beyond the scope of the current study.

### **The Graduate Student Coping Survey (GSCS)**

Exploratory factor analysis of the Graduate Student Coping Survey (GSCS) yielded a four-factor solution accounting for approximately 43.900% of the variance. Similar to the GSSS, the researchers identified each of the four GSCS factors in alignment with themes emergent from the literature. The five factors (and variance

explained by each) were: Intentional About Self-Care (24.936%), Sense of Self (8.729%), Social Support (5.840%), and Media for Coping (4.395%).

Factor 1 (Intentional About Self-Care) consisted of six items demonstrating healthy loadings and all centered on recognized forms of self-care practice (i.e., dedicating weekly time for self-care, "making" time for care of needs, taking time to cope, having freedom to take personal time, weekends free from email, and strategies for maintaining balance). Similarly, items forming Factor 2 (Sense of Self) referenced various forms of internal reflection. Factor 3 (Social Support) consisted of items focused on the importance of friends and social interaction/activities as a means for coping with stress. Finally, factor 4 (Media for Coping) was comprised of three items describing different ways of expression/communication through media.

The finalized GSCS appeared aligned with what literature exists addressing graduate students coping. Interestingly, the dimension Sense of Self accounted for the second highest amount of variance in this sample, passing both Social Support and Media for Coping. While a majority of self-care/coping strategies seem to focus on forces external to the individual, this finding suggests the important role of introspection as a means for graduate students managing stress.

### **Limitations & Recommendations**

While the findings from this study were encouraging, they are not without limitations. This section summarizes the limitations of the study, specifically sample size, sample demographics, and the potential

influences on the study and/or outcomes. Possible suggestions for addressing these concerns and recommendations for future research are provided.

This study's sample size of  $N = 272$  was within commonly accepted parameters for factor analyses (Field, 2013), however attention should be given to the subject-to-item ratios for both instruments. The GSSS initially consisted of 22 items and the GSCS 38 items. Considering the study's sample size, this yielded subject-to-items ratios of approximately 12:1 and 7:1 respectively. Professional preferences regarding adequate sample size for factor analysis vary with some calling attention for not only large sample sizes such as greater than 100 cases but high subject-to-item ratios as well (Beavers, Lounsbury, Richards, Huck, Skolits, & Esquivel, 2013). Future studies confirming both instruments would benefit from independent investigations with higher subject-to-item ratios potentially addressing this concern.

While the sample size is considered acceptable for the purposes of this study, future investigations may be beneficial to provide a more robust and diversified sample. An overwhelming majority of the respondents were white, heterosexual, females that were pursuing a master's degree in clinical mental health counseling. Respondents of different racial, ethnic, sexual orientation, gender, and professional orientation may produce different results. For example, the stressors and coping skills of master's degree students' in clinical mental health counseling may be different from doctoral students' in counselor education and supervision focusing on professional school counseling.

Additionally, such future investigations would benefit from confirmatory factor analyses (CFA) of the instruments. While the use of principal axis factoring (PAF) in the current study was aligned with best practices for instrument construction, the authors acknowledge the somewhat small variances accounted for in both instruments (i.e., 46.090% for the GSSS and 43.900% for the GSCS). Use of CFA would further validate the instruments' factor structures on a different sampling.

### **Conclusion**

Recognizing stressors experienced by graduate students and utilizing coping strategies for effectively addressing them continues to emerge as a pertinent concern within counselor education (Mayorga, Devries, & Wardle, 2015). This study outlined the development and validation of two instruments, the Graduate Student Stressor Scale (GSSS) and the Graduate Student Coping Survey (GSCS). The authors hope that both instruments may be employed as exploratory tools for continued research into graduate students' perceived stress and coping. Additionally, the created instruments offer counselor education programs an evaluative tool to effectively assess and address students' self-care and wellness.

### **References**

- Abel, H., Abel, A., & Smith, R. L. (2012). The effects of a stress management course on counselors-in-training. *Counselor Education & Supervision, 51*, 64-78.
- Allum, J., & Okahana, H. (2015). *Graduate enrollment and degrees: 2004-2014*. Washington, DC: Council of Graduate Schools.

- American Counseling Association (2014). ACA Code of Ethics, Alexandria, VA
- The American Institute of Stress. (n. d.). *America's number one health problem*. Retrieved November 1, 2015, from The American Stress Institute Website: <http://www.stress.org/americas-1-health-problem/>
- Beavers, A. S., Lounsbury, J. W., Richards, J. K., Huck, S. W., Skolits, G. J., & Esquivel, S. L. (2013). Practical considerations for using exploratory factor analysis in educational research. *Practical Assessment, Research & Evaluation, 18*(6), 1-13.
- Burck, A., Bruneau, L., Baker, L., & Ellison, L. (2014). Emerging counselors' perception of wellness: Implications for counselor development. *Counseling Outcome Research and Evaluation, 5*(1), 39-51.
- Cooke, D., Sims, R., & Peyrefitte, J. (1995). The relationship between graduate student attitudes and attrition. *Journal of Psychology, 129*, 677-688.
- Council for Accreditation of Counseling and Related Educational Programs [CACREP] (2016). *2016 standards for accreditation*. Alexandria, VA: Author.
- Crothers, C. (1991). The internal structure of sociology departments: The role of graduate students and other groups. *Teaching Sociology, 19*(3), 333-343.
- DiPerro, M. (2010). Healthcare education: Making a difference in the lives of graduate students. *Journal of Quality and Participation, 33*, 15-17.
- Fabrigar, L. R., & Wegener, D. T. (2012). *Exploratory factor analysis*. New York, NY: Oxford University Press.
- Fabrigar, L. R., Wegener, D. T., MacCallum, R. C., & Strahan, E. J. (1999). Evaluating the use of exploratory factor analysis in psychological research. *Psychological Methods, 4*, 272-299.
- Felton, T., Coates, L., & Christopher, J. (2013). Impact of mindfulness training on counseling students' perceptions of stress. *Mindfulness*. November 1, 2015. <http://dx.doi.org/10.1007/s12671-013-0240-8>
- Field, A. (2013). *Discovering statistics using SPSS* (3rd ed.). Thousand Oaks, CA: Sage.
- Folkman, S. (2010). Stress, coping, and hope. *Psycho-Oncology, 19*, 910-908.
- Folkman, S., Lazarus, R.S., Dunkel-Schetter, C., DeLongis, A., & Gmen, R.J. (1986). Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology, 50*, 992-1003.
- Grady, R., La Touche, R., Oslawski-Lopez, J., Powers, A., & Simacek, K. (2014). Betwixt and between: The social position and stress experiences

- of graduate students. *Teaching Sociology*, 2(1), 5-16.
- Hughes, F. & Kleist, D. (2005). First semester experiences of counselor education doctoral students. *Counselor Education & Supervision*, 45, 97-108.
- Hyun, J., Quinn, B., Madon, T., & Lustig, S. (2007). Mental health need, awareness, and use of counseling services among international graduate students. *Journal of American College Health*, 56, 109-118.
- Hyun, J. K. & Quinn, B. C. & Madon, T. & Lustig, S. (2006). Graduate Student Mental Health: Needs Assessment and Utilization of Counseling Services. *Journal of College Student Development*, 47(3), 247-266.
- Kaplan, D., Tarvydas, V., & Gladding, S. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling & Development*, 92(3), 366-372.
- Lawson, G. (2007). Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling, Education and Development*, 46, 20-34.
- Longfield, A., Romas, J., & Irwin, J. (2006). The self-worth, physical and social activities of graduate students. *College Student Journal*, 40, 282-292.
- Lovitts, B. (2001). *Leaving the ivory tower*. Lanham, MD: Rowman & Littlefield.
- Lovitts, B. E., & Nelson, C. (2000, November-December). The hidden crisis in graduate education: Attrition from PhD programs. *Academe*, 86(6), 44-50.
- Mayorga, M. G., Devries, S. R., & Wardle, E. A. (2015). The practice of self-care among counseling students. *Journal on Educational Psychology*, 8(3), 21-28.
- Oswalt, S., & Riddock, C. (2007). What to do about being overwhelmed: Graduate student stress and university services. *College Student Affairs Journal*, 27, 24-44.
- Pett, M. A., Lackey, N. R., & Sullivan, J. J. (2003). *Making sense of factor analysis: The use of factor analysis for instrument development in health care research*. Thousand Oaks, CA: Sage.
- Seyle, H. (1936). A syndrome produced by diverse noxious agents. *Nature*, 138, 132.
- Seyle, H. (1974). *Stress without distress*. Philadelphia, PA: J.B. Lippencott Co.
- Smith, R., Maroney, K., Abel, A., Abel, H., & Nelson, K. (2006). Doctoral programs: Changing high rates of attrition. *Journal of Humanistic Counseling, Education, and Development*, 45, 17-32.

- Szabo, S., Tache, Y., & Somogyi, A. (2012). The legacy of Hans Seyle and the origins of stress research: A retrospective 75 years after his landmark brief "Letter" to the Editor of Nature. *Stress, 15*(5), 472-478.
- Taylor, S. (1998). *MacArthur SES & health network*. Retrieved November 1, 2015, from MacArthur SES & Health Network Website: <http://www/macses.ucsf.edu/research/psychosocial/coping.php>
- Thompson, E. H., Frick, M. H., & Trice-Black, S. (2011). Counselor-in-training perceptions of supervision practices related to self-care and burnout. *Professional Counselor, 1*(3), 152-162.
- Wolf, C. P., Thompson, I. A., Thompson, E. S., & Smith-Adcock, S. (2014). Refresh your mind, rejuvenate your body, renew your spirit: A pilot wellness program for counselor education. *Journal of Individual Psychology, 70*(1), 57-75.

Table 1  
*Descriptive Statistics*

	<i>n</i>	%
<b>Gender</b>		
Female	230	84.6
Male	39	14.3
Other	3	1.1
<b>Affectional Orientation</b>		
Heterosexual	249	91.5
Gay	8	2.9
Bisexual	7	2.6
Queer	4	1.5
Lesbian	3	1.1
Other	1	.4
<b>Relationship Status</b>		
Single	101	37.1
Married	86	31.6
Partnered	52	19.1
Engaged	14	5.1
Other	10	3.7
Divorced	7	2.6
Separated	1	.4
Widowed	1	.4
<b>Ethnic Identity</b>		
White	224	82.4
African American	15	5.5
Hispanic	10	3.7
Asia/Pacific Islander	8	2.9
Latino/Latina	6	2.2
Biracial/Multiracial	3	1.1
Other	3	1.1
Black	2	.7
American Indian	1	.4
<b>Program Specialty</b>		
Clinical Mental Health/Community	131	48.2
School Counseling	77	28.3
Marriage, Family & Couple	34	13.0
Other	29	10.7

*Note.*  $N = 272$

Table 2  
GSSS Pattern Matrix

Instrument Item	1	2	3	4
I often feel there is not enough time in the day to accomplish all that is expected of me. (2 <sub>R</sub> )	.723			
I find myself neglecting outside obligations to keep up with school work. (11 <sub>R</sub> )	.612			
I sacrifice sleep to complete school work. (13 <sub>R</sub> )	.599			
I am taking on too many tasks that are not imperative for graduation. (1 <sub>R</sub> )	.519			
I fantasize about quitting school to escape the work load. (14 <sub>R</sub> )	.495			
I am confident in my ability to contribute at the professional level. (17)		-.893		
I feel confident in my interactions with professionals at conferences. (21)		-.597		
I worry that I do not know enough. (5 <sub>R</sub> )		-.576		
I feel secure in my identity as an emergent counselor, counselor educator, or supervisor. (10)		-.518		
I transition easily from one role to another seamlessly. (16)		-.455		
I feel supported by faculty. (18)			-.810	
The program's faculty takes time to connect with students. (22)			-.784	
I can be transparent with faculty. (20)			-.564	
The people in my life are currently pressuring me to focus my efforts elsewhere. (9 <sub>R</sub> )				.858
The people in my life have a difficult time accepting how much time I am dedicating to this degree. (7 <sub>R</sub> )				.463

Note.  $N = 272$ . Principal Axis Factoring with Direct Oblimin rotation  $\delta = 0$ . "R" = Reverse-coded item.

Table 3  
*GSCS Pattern Matrix*

Instrument Item	1	2	3	4
I have time built into my week for self-care. (30)	.785			
I make time to take care of my needs and myself. (54)	.752			
I take time for myself to cope. (45)	.712			
I have the freedom to take personal time when needed. (26)	.680			
I employ strategies that are helpful for me in maintaining balance. (59)	.407			
I have the freedom to not check/reply to emails when needed or on weekends. (49)	.404			
I have a sense of purpose in my life. (58)		.766		
I trust myself. (57)		.713		
I engage in self-reflection. (56)		.463		
I have realistic beliefs/expectations for myself. (55)		.463		
I have a strong social support system. (33)			.855	
Generally, I have a high level of support from my friends. (23)			.596	
I think establishing a social support system is important. (32)			.438	
I utilize social media to keep in touch with family and friends to cope. (43)				.628
I take pictures and share them with my friends to cope. (47)				.529
I consistently listen to music. (37)				.481

*Note.*  $N = 272$ . Principal Axis Factoring with Direct Oblimin rotation  $\delta = 0$ .