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Predictors of Depression Among Trainee Counselors: The Role of Coping Styles and Resilience

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ABSTRACT

Training to become a counselor is a uniquely challenging process, and trainee counselors report depressive symptoms, although most are not diagnosed with mental illness. This study investigates whether coping strategies and resilience predict depression among trainee counselors. The sample consisted of 182 participants, all enrolled as trainee counselor students at public universities in Malaysia. Remarkably, within this study, 46.2% of trainee counselors were found to be grappling with moderate to severe depressive symptoms. The study brings to light significant associations among trainee counselors between coping mechanisms, such as emotion-focused and avoidant coping, resilience, and depression. Nevertheless, only avoidant coping and resilience emerged as robust predictors of depressive symptoms. These findings underscore the heightened vulnerability of trainee counselors to the development of depressive symptoms, emphasizing the potential benefit of addressing avoidant coping strategies to alleviate these symptoms. Furthermore, these results underscore the critical significance of nurturing resilience and fostering positive coping skills among counselor trainees, especially those exhibiting heightened levels of depressive symptoms.

Keywords: Coping styles, depressive symptoms, resilience, training counselors

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INTRODUCTION

Graduate programs in counseling are unique due to the combination of students' personal,

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clinical, and academic expectations. Consequently, trainee counselors (TCs) are exposed to emotional and psychological demands that can lead to stress and anxiety (Dye et al., 2020; Richardson et al., 2020). The emotional needs of their job, exposure to client pain, and pressure to satisfy academic and professional requirements all contribute to TCs' greater sensitivity to mental health problems. Although accreditation requirements show that counseling and wellness practices are being integrated (CACREP, 2015; LKM, 2011), counseling programs may not always incorporate mental health practices within the counselor development process (Wolf et al., 2012). Similarly, counselor educators are responsible for demonstrating mental health practices for students in programs (Pincus et al., 2020). However, they frequently face difficulties in their wellness, including work-related pressures and time constraints, when pursuing tenure (Scupham & Goss, 2020).

The mental well-being of TCs has become a significant concern in the fields of counseling and psychology, with studies examining various mental health issues they experience, including depression, anxiety, burnout, and stress (Davies et al., 2022; Jones & Edwards, 2023; Yip et al., 2023). Research has found higher levels of depressive and anxiety symptoms among TCs compared to the general population (Basma et al., 2021; Hymavathee et al., 2016a; Puig et al., 2012; Richardson et al., 2020; Thompson et al., 2011; Wardle & Mayorga, 2016). Many TCs report depressive symptoms, although most are not diagnosed with mental illness (Hobaica et al., 2021; Richardson et al., 2020; Rummell, 2015). Approximately 25% of participants out of the clinical psychology doctoral students surveyed reported moderate to severe anxiety symptoms, while 20% indicated moderate to severe depressive symptoms or suicidal ideation (Hobaica et al., 2021).

The arduous nature of their training, inherent vulnerabilities, and the emotional strain associated with therapeutic work are potential contributing factors. TCs may encounter obstacles when seeking assistance, which can be perceived as evasive coping. Inadequate mental well-being has been linked to diminished academic self-efficacy and satisfaction with studies among university students, including TCs, despite lacking specific mention (Esteban et al., 2022). Moreover, it can adversely affect overall therapeutic efficacy, compromising the quality of care provided and harming clients (Posluns & Gall, 2020). Furthermore, aside from the personal suffering it entails, it can also have detrimental effects on the clinical performance of TCs. Humphreys et al. (2017) discovered that within a sample of postgraduate students enrolled in clinical and forensic psychology training programs, symptoms of depression hindered the development of clinical competencies, while stress and anxiety were present but did not impede such development.

According to the diathesis-stress model, various risk factors increase the likelihood of depression when individuals face high anxiety and stress levels, as shown

in situations such as doctorate training (Richardson et al., 2020). Given that anxiety and stress are unavoidable components of training (Choi et al., 2021), it is critical to evaluate susceptibility characteristics such as depression and anxiety that may impede coping strategies and contribute to bad outcomes. The presence of appropriate coping mechanisms is one such aspect that has been highlighted as a diathesis for favorable findings (Sassaroli et al., 2022). Different coping styles, such as problem-focused coping and emotion-focused coping, have been studied concerning depressive symptoms. Bullare @ Bahari et al. (2015) explored coping strategies among TCs in Malaysia, finding a significant positive correlation between avoidant coping and depressive symptoms and a negative correlation between problem-focused coping and depressive symptoms, suggesting its potential protective effect. On the other hand, maladaptive and avoidant coping strategies, such as denial and disengagement, are linked to negative psychological well-being and depression. A previous study by Berkel (2009) examined coping strategies and depressive symptoms among graduate students in a counseling program. It found a positive association between avoidant coping strategies (e.g., denial or distraction) and depressive symptoms. In contrast, problem-focused coping, involving active problem-solving and seeking social support, showed a negative association.

Resilience has also been discovered to impact mental well-being, which may be defined as personality traits that protect individuals against the harmful effects of stress and poor mental health (Mcdermott et al., 2020). A study indicates resilience positively correlates with adaptive coping, problem-oriented coping, emotional coping, and psychological well-being among TCs (Bahmani et al., 2022). Research has demonstrated that resilience correlates negatively to depression (Poole et al., 2017; Shapero et al., 2019; Wu et al., 2020) and has been found to mediate the relationship between stress and depressive symptoms (Anyan & Hjemdal, 2016; Lara-Cabrera et al., 2021). A study by Zhao et al. (2021) indicated that coping style mediated the impact of resilience on depression among medical students. However, understanding the relationship between coping styles, resilience, and depression symptoms among TCs remains limited.

Moreover, most studies investigating coping styles, resilience, and depressive symptoms have been conducted in Western contexts, where the characteristics and needs of the population differ from those in Eastern cultures, particularly in terms of coping styles and the understanding of resilience in Eastern countries. For example, individuals from Western cultures might employ problem-focused coping strategies more frequently in an individualistic culture. In contrast, individuals from Eastern cultures might rely more on emotion-focused coping strategies in a collective culture. Consequently, there is a need for culture-specific research to expand the existing knowledge on coping styles and

resilience from a non-Western perspective. Numerous studies have found a link between mental health issues and resilience or coping styles in college students (Ayala & Manzano, 2018; Azmitia et al., 2018). However, comparatively few investigators have examined the depressive symptoms, resilience, and coping styles among TCs in Malaysia.

This study aims to investigate whether coping styles and resilience predict depressive symptoms among TCs. A notable aspect of this article is its emphasis on developing evidence-based interventions to support the mental health and professional effectiveness of TCs. By examining the relationships between coping styles, resilience, and depression symptoms, the study aims to provide insights that can inform the design of interventions tailored to the unique needs of this specific population. This practical orientation towards intervention strategies adds originality and practical value to the research.

LITERATURE REVIEW

The study conducted by Hymavathee et al. (2016a) unveiled a noteworthy prevalence of clinically significant depressive symptoms among trainee counselors (TCs) in their Malaysian research. It underscores that TCs are more susceptible to experiencing depressive symptoms, thereby accentuating the imperative for specialized treatments to bolster their mental well-being. In a parallel vein, Basma et al. (2021) delved into the levels of depression, anxiety, and stress among graduate counseling students, identifying elevated levels of depressive symptoms. It accentuates the urgency of addressing the mental health concerns of TCs and implementing interventions aimed at enhancing their overall well-being.

Wardle and Mayorga (2016), in their investigation into the nexus between burnout, depression, and self-care among accredited counselors and trainees, unearthed data revealing that TCs exhibited higher levels of burnout and depressive symptoms in comparison to certified counselors. It underscores the requisite for instituting self-care practices and support systems tailored to aid TCs in managing their mental health. It has been established that counseling students with a lower baseline mental health face an elevated risk for depression, anxiety, and early signs of burnout (Smith et al., 2008). TCs are tasked with partaking in training programs that necessitate self-awareness, reflection, the ability to navigate ambiguity, and the acquisition of new skills for interpersonal interaction (Bohecker et al., 2014). This demand for personal and professional growth renders graduate counseling programs more demanding than other academic pursuits, albeit potentially gratifying.

Simultaneously, Puig et al. (2012) conducted a qualitative exploration into the lived experiences of TCs in developing nations. The revelations shed light on the adversities and emotional challenges that TCs confront, thus enriching the comprehension of their mental health predicaments. In a complementary vein, Thompson et al. (2011) undertook a comprehensive literature

review to scrutinize the impact of personal therapy on TCs. According to their review, personal therapeutic interventions can substantially enhance the well-being of TCs and mitigate depressive symptoms. It serves as a testament to the potential effectiveness of individual counseling as a therapeutic modality for facilitating the mental health of TCs.

These studies underscore the critical importance of addressing depressive symptoms within the TC community and executing tailor-made interventions, fostering self-care regimens, and establishing support networks to facilitate their mental well-being. They significantly contribute to the burgeoning body of literature in this domain, affording invaluable insights for formulating efficacious strategies aimed at fortifying the mental health of TCs.

Coping is a multifaceted concept resembling self-care, aiming to mitigate stress's impact. It is characterized by transient responses to distressing or adverse stimuli, encompassing emotional reactions (Lazarus & Folkman, 2004). Coping strategies are shaped by an individual's personality and perceptions of life experiences and can vary significantly from person to person. Nevertheless, the overarching objective remains consistent: to alleviate stress and attain a state of equilibrium (Abouammoh et al., 2020). The academic realm imposes a substantial physiological and social burden on students, potentially impairing their learning and overall performance. A profound understanding of coping strategies is instrumental in devising effective counseling interventions to facilitate students' personal development and foster academic and professional achievements (Yousif et al., 2022). In a quantitative study by Kausar (2010), academic pressures were identified as a predictor of stress among students. Students' stress levels tend to escalate as they allocate more time to demanding academic obligations. Zong et al. (2010) underscored the imperative of equipping undergraduate students with practical stress-coping skills, as maladaptive coping mechanisms have been associated with an increased susceptibility to depression.

Conversely, Zanardelli et al. (2015) examined functional coping strategies but did not establish a significant association with overall well-being. They posited that functional coping strategies merely sustain a baseline level of functioning without necessarily enhancing perceived well-being. It indicates that most coping strategies have minimal effects on depression screening scores and a modest impact on stress levels. It is important to note that such coping mechanisms play a crucial role in reducing mental health problems during times of crisis. Bhattacharyya et al. (2018) conducted a study demonstrating that active coping was correlated with lower symptoms of depression, anxiety, and stress. Similarly, the positive reframing strategy aligns with previous research findings, linking it to active coping and negatively associating it with depression (Alsolais et al., 2021; Scott et al., 2015).

A dynamic development model in master's level trainees also indicates a cycle process of growth, which adds to the development of confidence and identity (Wagner & Hill, 2015). Trainees must build competence and confidence in becoming therapists (Roebuck & Reid, 2020). Similarly, Rønnestad et al. (2019) argue that beginning students must manage the high emotional emotions that develop when participating in role-play under the scrutiny of peers and supervisors, as well as when meeting their first clients in practicum under the supervision of their supervisor. They may, however, have encountered a variety of challenges along the way, including the following: difficulties related to feeling and being evaluated, as well as acute performance anxiety (Rønnestad et al., 2019), feelings of depression, stress, and burnout (Basma et al., 2021; Hymavathee et al., 2016b; Richardson et al., 2018; Wardle & Mayorga, 2016). There is, therefore, an impetus to identify how trainee therapist resilience might be fostered.

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress (https://www.apa.org/topics/resilience). It entails an individual's capacity to navigate stressful situations and recover from setbacks (Connor & Davidson, 2003). Cultivating resilience is of utmost importance for TCs, especially when managing their well-being and addressing or mitigating symptoms of depression. Notably, both experienced and novice counselors may encounter divergent experiences in their client interactions, as posited by Skovholt and Ronnestad (1992), where factors such as personal beliefs, values, and accumulated professional experience vary across practitioners. Furthermore, Clemons (2017) proposes that the effectiveness of counseling sessions relies not solely on the skills possessed by TCs but also on their emotional intelligence and self-resilience.

Resilience can be regarded as a trait that exhibits individual differences while simultaneously being interactive and dynamic, drawing from the multi-system model. Liu et al. (2017) elaborate on this perspective, highlighting three distinct components: core resilience, which encompasses intra-individual factors and trait-like characteristics that inherently facilitate resilience; internal resilience, which emphasizes inter-individual and interpersonal differences as well as personality characteristics developed or acquired over time; and external resilience, which contextualizes an individual's unique circumstances within a larger socio-ecological framework.

The professional ethical and competency framework (British Association for Counseling and Psychotherapy, 2018) recognizes the need for resilience in practice. Extensive research shows that self-care benefits counselors and counseling trainees (Friedman, 2017). Resilience can be maintained using psychological resources, including motivation and reframing life adversities as learning opportunities (Kotera et al., 2021; Robertson et al., 2015; Trigueros et al., 2019; Walsh et al., 2020). Murphy's

(2005) study highlights the mandatory experience of personal therapy for trainee counselors so they can demonstrate prolongevity, adaptability, a sense of growth, and authenticity in their counseling endeavors, as also supported by Egunjobi et al. (2021) for the benefits of personal therapy in promoting both professional and general well-being. As such, Clark (2009) previously recommended that trainees critically reflect on their motivations for pursuing a career in therapy, as experienced practitioners frequently exhibit a strong affinity for the therapeutic position. Similarly, the current study's findings imply that trainees have a similar resonance and connection with the counseling profession.

METHODOLOGY

Participants

This study involved the participation of a total of 182 trainees in counseling. The inclusion criteria were as follows: (1) all participants must be enrolled in a bachelor's or master's degree program in counseling or a similar postgraduate program offered by the listed public universities in Malaysia; (2) all participants must be currently undertaking a practicum or internship subject at the time of the study; and (3) the program they are enrolled in must be accredited by the Malaysian Qualifications Register (MQA) and the Lembaga Kaunselor Malaysia (LKM).

Of the total respondents, 146 are female (80.2%), while 36 are male (19.8%). The age range of the respondents varied from 19 to 66 years old. The age group with the highest representation was 31 to 40 (8.8%), followed by those aged 41 years and above (3.3%). Respondents aged 20 years and below accounted for 1.6% of the total. In terms of racial composition, the largest group of respondents identified as Malay (54.9%), followed by Chinese (29.7%), Indian (8.2%), and other races (7.1%). Among the respondents from other races, the majority are from various ethnic backgrounds in Sabah and Sarawak, while a small percentage consisted of Bengali (1.1%) and Pakistani (0.5%) individuals.

The respondents were affiliated with 13 different public universities in Malaysia. Most were from universities located in the central region of Peninsular Malaysia (54.4%), including UPM (28.0%), UM (11.5%), UKM (11.5%), USIM (3.3%), UPSI (2.7%), and UIAM (2.2%). Approximately 26.9% of the respondents were from universities in the northern region of Peninsular Malaysia, which included UUM (14.3%), USM (11.0%), and USAS (1.6%). Additionally, 9.9% of the respondents were from universities in East Malaysia, namely UNIMAS (6.6%) and UMS (3.3%), followed by UMT (6.6%) and UTM (2.2%), situated on the east coast and south of Peninsular Malaysia, respectively. Of all the respondents, 52.7% were master's students, 47.3% were pursuing their bachelor's degree, and 0.5% held a postgraduate diploma.

Instruments

The self-report questionnaire used in this study consisted of four sections or measures,

namely demographic information, Patient Health Questionnaire-9 (PHQ-9), followed by the Brief Resilience Scale (BRS), and the Brief COPE inventory.

Demographic Information. The research team designed the demographic section to collect the general characteristics of counseling students, including gender, age, race, institution, program of study and study mode.

Patient Health Questionnaire (PHQ-9). The PHQ-9 is a brief self-administered instrument used to assess and monitor the severity of depression in adults. It was developed to measure the symptoms corresponding to the criteria for identifying depressive disorders listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV) (American Psychiatric Association, 1994) and International Classification of Diseases, 10th Edition (ICD-10). The questionnaire consists of nine items that focus on the diagnostic criteria of the DSM-IV for major depressive disorder (MDD) and that remained unchanged in the DSM-V (American Psychiatric Association, 2013). The questionnaire assesses how often the subjects had been disturbed by any of the nine items immediately preceding two weeks. To list some, "Little interest or pleasure in doing things," "Feeling down, depressed, or hopeless," and "Trouble falling or staying asleep, or sleeping too much." Each item of HQ-9 was scored on a scale of 0–3 (0 = not at all; 1 = several days; 2 = more than a week; 3 = nearly every day). A local study recommended a cut-off score of ≥ 10 for the PHQ-9 in a primary healthcare setting, yielding a sensitivity of 60.9% and a specificity of 80.7% (Azah, 2005). The internal consistency of PHQ-9 is $\alpha = .87$, similar to the one in its original study ($\alpha = .89$), which is regarded as a reliable instrument.

Brief Resilience Scale (BRS). The BRS measures an individual's ability to bounce back from an adverse event and focuses on the ability to recover (Smith et al., 2008). The BRS consists of six items, with three positively worded items (1, 3, and 5) and negatively worded items (2, 4, and 6). For instance, a positive item states, "It does not take me long to recover from a stressful event," while a negative item states, "It is hard for me to snap back when something bad happens." Each item is scored on a 5-point Likert scale from 'strongly disagree' (1) to 'strongly agree' (5). The scale was scored by reverse coding the negative items and then averaging the total score for the six items. Final scores range from 1.0 to 5.0. Scores below 3.00 are considered low resilience, scores above 4.30 are considered high resilience, while the rest are considered normal (Smith et al., 2013). The BRS showed fair internal consistency $\alpha = .65$, although its internal consistency was higher in the original study ($\alpha = .80$-$.91$).

Brief-COPE. The Brief-COPE (NovoPsych, 2020) determines the respondents' common coping styles. The scale is a 28-item self-reported questionnaire designed to measure effective and ineffective ways to cope with a stressful life event. It was developed as a short version of the original 60-item COPE scale, which was theoretically derived based on various models of coping. Respondents are required to rate themselves on a 4-point Likert scale (1 = I have not been doing this at all, 2 = A little bit, 3 = A medium amount, 4 = I've been doing this a lot) in each statement, indicating how often they used the strategy in responding to the stress events or experiences. The following three subscales could be determined from the scale: (1) problem-focused coping (sample item: "I've been taking action to try to make the situation better"); (2) emotion-focused coping (sample item: "I've been getting emotional support from others.", and (3) avoidance coping (sample item: "I've been saying to myself, this isn't real"). Scores are presented for three overarching coping styles as average scores (sum of item scores divided by several items), indicating the extent to which the respondent has used that coping style (NovoPsych, 2020). The higher the total score on the number of uses of the coping styles indicates the higher frequency of use. In this study, the Cronbach alpha for all its subscales meets or exceeds the value of .50, regarded as minimally acceptable (Carver, 1997).

Sample Size

Considering the estimation of 440 TCs across Malaysia in a semester, the researcher used G*Power software version 3.1 to conduct a power analysis to determine the minimum sample size needed to have enough power to detect an effect. In this study, the significant criterion (α) was to have at least 95%. Thus, the standard alpha level of 0.05 is used. Cohen (1992) proposed a power (1-β) of 0.8, where $\beta = 20$; a value smaller than 0.8 possesses a greater risk of a Type II error to occur. Thus, a power of 0.8 is applied in this study. In any behavioral science research, a medium effect size is more appropriate than a large effect size (Welkowitz et al., 2012); thus, medium effect sizes were used in this study. The maximum sample size of 68 was taken. A 20% increment was applied from the minimum sample size to compensate for possible missing data and non-response. A final total of 82 respondents was expected to be included in this study. We received responses from 182 respondents upon completion and fulfilled the minimum sample size.

Data Collection

Data collection for this study was conducted from November 2022 to January 2023. In order to obtain permission for data collection, requests were sent via email to the Faculty Dean and Counseling Program Coordinator at the relevant public universities. The questionnaire was distributed online for two primary reasons: (1) to mitigate the risk of COVID-19 transmission and (2) to overcome geographical constraints, as TCs were engaged in internship placements across various locations throughout the country.

In compliance with the Personal Data Protection Act 2010, the researcher was prohibited from obtaining a comprehensive list of TCs' contact details. Therefore, the individual in charge at each institution (such as the program coordinator or a student representative) assisted in disseminating the survey link to potential students who met the inclusion criteria. Additionally, the researcher shared the survey link in relevant Facebook groups accessible to TCs, including the Malaysia Counseling & Psychology Peer Group, Kaunseling, Psikologi, Terapi Malaysia (KPTMsia), and Kaunselor Pelatih. TCs who consented to participate in the study completed all measures online using the Qualtrics survey system. However, the response rate remains unknown due to the lack of precise information regarding the number of students who received the survey link. Thus, to ensure an optimal response rate is achieved, academics are involved during data collection to promote participation among the student respondents (Nulty, 2008). Additionally, given that the sample size exceeds the minimum required for a regression study, the current response count is considered sufficient.

Data Analysis

Both descriptive analyses and inferential analyses were involved. Socio-demographic variables were described using appropriate methods. Pearson Correlation was used to study the relationship, while simultaneous multiple regression was used to determine the effect of coping styles and resilience toward depression symptoms. In this study, data is collected using the survey method in the form of a questionnaire. These analyses were conducted in SPSS 23.0 (SPSS Inc., Chicago, USA, IL), with a significant *p*-value of 0.05.

Ethics Consideration

This study is approved by the ethical standards of Universiti Putra Malaysia's Ethics Committee for Research Involving Human Subjects (JKEUPM-2022-556). We provided written informed consent online at the beginning of the online questionnaire. Participation was voluntary, and students were informed about the purpose of the study. The survey began after participants agreed to participate in this study and filled out the informed consent.

FINDINGS AND DISCUSSION

Depression

PHQ-9 total score for the nine items ranges from 0 to 27. 5, 10, 15, and 20 scores represent cut points for mild, moderate, moderately severe and severe depression, respectively. A total score larger than nine was recommended as the cut-off score to distinguish between none or mild and moderate or severe depression (Kroenke et al., 2010). Table 1 showed that the respondents' scores ranged from 0 to 24, and the mean was 9.7 (SD = .44). When nine was used as the cut-off score, it was found that 46.2% of the respondents suffered moderate or severe depression.

Table 1
Depression

Variable	n	%	Range	Min	Max	Mean	SD
Depressive symptoms			24	0	24	9.70	.44
None – Minimal	44	24.2					
Mild	54	29.7					
Moderate	44	24.2					
Moderately Severe	29	15.9					
Severe	11	6.0					

Coping Styles and Depression

Table 2 shows the relationship between coping styles and depressive symptoms based on Pearson Correlation analyses. Problem-focused coping was not significantly correlated with depression symptoms, r = -.13, n = 182, $p > .05$. A significant relationship was found between emotion-focused coping and avoidant coping with depressive symptoms. The correlation between emotion-focused coping with depression symptoms was interpreted as a very weak positive relationship, r = -.19, n = 182, $p = .01$, whereby high levels of emotion-focused coping were associated with high levels of depressive symptoms. There was a moderate, positive correlation between avoidant coping with depressive symptoms, r = .51, n = 182, $p < .001$, with high levels of avoidant coping linked with high levels of depressive symptoms.

Table 2
Relationship between coping styles and depression

Coping Styles	Pearson Correlation	Sig.
Problem-focused coping	-.128	.085
Emotion-focused coping	.192	.010
Avoidant Coping	.507	< .001

Resilience and Depression

Table 3 showed a weak, negative correlation between resilience and depressive symptoms, r = -.38, n = 182, $p < .001$. It demonstrated that high levels of resilience were associated with low levels of depressive symptoms.

Table 3
Relationship between resilience and depression

	Pearson Correlation	Sig.
Resilience	-.376	< .001

Coping Styles and Resilience as Predictors of Depression

Simultaneous multiple regression was used to assess the ability of coping styles and resilience measures to predict depression. Only the independent variables with a significant correlation with the dependent variable were included in the regression analysis. Hence, problem-focused coping (r = -.13, n = 182, $p > .05$) was excluded from the regression analysis of the present study. The results of regression indicated all selected variables explained about 29.7% (adj. R2 = .285) of variance in depressive symptoms among TCs in public universities in Malaysia, F (3,178) = 25.05, $p < .001$.

Avoidant coping scored the largest Beta coefficient (.41) among all the variables, indicating that avoidant coping makes the strongest unique contribution to explaining the dependent variable when the variance explained by all other variables in the model is controlled. It uniquely explains 13 percent of the variance in depressive symptoms (total PHQ-9 scores). The Beta value for resilience was slightly lower (-.21), indicating that it made less of a unique contribution in a different direction. The resilience variable explained the percentage of the variance in depression symptoms. The sig. value of emotion-focused coping as the independent variable was greater than .05, suggesting that this variable was not making a significant unique contribution to the prediction of depression symptoms. Table 4 summarizes a standard multiple regression analysis of coping styles and resilience variables on depression.

Table 4
Summary of standard multiple regression analysis of coping styles and resilience variables on depression

Variables	Unstandardized Coefficients		Beta	t
	B	Std. Error		
(constant)	2.69	4.06		.663
Emotion-focused coping	.699	.966	.048	.725
Avoidant coping	6.07	1.05	.411	5.80***
Resilience	-2.07	.671	-.210	-3.08**
R2		.297		
Adj R2		.285		
F		F(3,178) = 25.05***		

** *Correlation is significant at the .05 level*

*** *Correlation is significant at the .001 level*

DISCUSSION

The findings of the study reveal significant associations between emotion-focused coping and avoidant coping with depressive symptoms among TCs. However, no significant relationship is found between problem-focused coping and depression symptoms, which contrasts with the findings reported by other researchers (Bullare @ Bahari et al., 2015). This unexpected result challenges the existing literature and underscores the need for further investigation. Problem-focused coping was shown to be the most common (M = 3.07, SD = .04). In contrast, avoidance coping was the least common (M = 1.95, SD = .03). Similar findings have been reported in non-clinical populations, including the Swedish urban population (Cronavist et al., 1997), medical students (Johari & Hassim, 2009; Yusoff et al., 2011), and university students (Brandy, 2011). In contrast, emotion-focused coping was reported as the most utilized coping style among the clinical population, as demonstrated in a study by Naing @ Noor Jan et al. (2010). These variations in coping styles between clinical and non-clinical populations may be explained by the tendency to employ problem-focused strategies when constructive action is possible (Carr & Pudrovska, 2007). In contrast, in clinical cases, situations may be perceived as unchangeable, leading to a preference for emotion-focused coping, especially in circumstances such as terminal illnesses.

Significant relationships were identified between emotion-focused coping, avoidance coping, and depression symptoms among TCs from public universities in Malaysia. However, no significant relationship was found between problem-focused coping and depression symptoms, which contradicts the findings of other researchers (Berkel, 2009; Chou et al., 2011). The association between avoidance coping and depression symptoms aligns with previous studies (Bullare @ Bahari et al., 2015). The weak relationship observed between emotion-focused coping and depression symptoms can be attributed to the aggregation of all five strategies or facets of emotion-focused coping into a single variable despite their differing effects. Notably, this study deviates from previous research findings in terms of the relationship between problem-focused coping and depression symptoms.

In summary, this study contributes novelty to the field by examining the relationships between coping styles, resilience, and depression among TCs in Malaysia. The emphasis on practical implications and intervention development adds value to the research, while the unexpected findings regarding problem-focused coping call for additional exploration and consideration. Furthermore, the present research uncovered a significant negative correlation between resilience and depression among TCs from public universities in Malaysia, supporting the previous studies (Jones & Edwards, 2023; Richardson et al., 2020; Shapero et al., 2019; Wu et al., 2020). High resilience TCs have a reduced tendency to exhibit depressive symptoms, and, arguably, one can exhibit

a good mental state if one has effective coping styles. High level of resilience has become essential for new and experienced counselors who seek to protect themselves against negative well-being (Mcdermott et al., 2020) and advance personally by developing a passion and dedication for working with clients. Low resilience is thus undesirable in this manner since it is linked to a poor mental state.

In the overall model, the combination of emotion-focused coping, avoidance coping, and resilience accounted for 29.7% of the variance in depression. Similar to other studies, avoidant coping emerged as a significant predictor of depression among TCs from public universities in Malaysia (Bistricky et al., 2019; Carnahan et al., 2021; Fisher et al., 2020). As opposed to the Western culture, which adopts a more direct approach to psychological problems, the Eastern culture is more private; this may account for why both emotional- and avoidance coping become typical, as shown in the current findings. It is thus crucial that further research be done to fully understand how coping styles and resilience affect depression in trainee counselors.

The interpretation of the findings should be approached cautiously due to several limitations inherent in this study. Firstly, using an internet survey as the primary data collection method may have limited the depth of comprehension regarding the scale items. Secondly, the sample selection was confined to public universities, potentially diminishing the generalizability of the results. Additionally, individuals grappling with depression might exhibit a negative bias and encounter memory-related challenges, influencing their self-reports of coping behaviors. In future research, it would be beneficial to incorporate alternative measures of psychological distress, such as anxiety, and even explore the role of emotion regulation capacities. This broader approach would contribute to a more comprehensive understanding of the intricate mechanisms underlying coping strategies, resilience, and their impact on mental health.

CONCLUSION

The findings of the study demonstrated a high susceptibility of trainee counselors (TCs) to develop depressive symptoms during their counseling practicum or internship, with nearly 50% of respondents reporting moderate to severe levels of depression symptoms. This research calls into question the widely held belief that mental health practitioners have superior psychological well-being and coping capacities than the general population. It is critical for TCs to be mindful of their psychological well-being throughout their practicum or internship and to actively seek treatment when needed without feeling ashamed. Furthermore, the study found a negative relationship between avoidant coping and depression symptoms, implying that higher levels of avoidant coping were associated with increased depressive symptoms. However, no significant relationship was found between problem-focused coping and depression symptoms. These findings suggest that rather than emphasizing

problem-focused coping, reducing avoidant coping may be a more effective approach to alleviate depression symptoms and improve psychological well-being.

IMPLICATIONS

Based on the findings of this study, particularly considering the heightened susceptibility of trainee counselors (TCs) to manifest depressive symptoms, several noteworthy ramifications exist for the field of counseling in Malaysia. Firstly, it becomes imperative to instigate heightened awareness among TCs regarding the potential mental health challenges during their practicum or internship. TCs should be actively encouraged to prioritize their psychological well-being and, when necessary, seek assistance or support. Educational institutions and counseling programs should institute initiatives focused on mental health education and support structures tailored to the specific needs of TCs.

Secondly, considering the observed negative correlation between resilience and depression symptoms, counseling programs must embed resilience-enhancing strategies within their training curriculum. TCs should be equipped with the competencies required to more effectively navigate the exigencies they may confront within their counseling roles. Thirdly, considering that problem-focused coping did not exhibit a significant relationship with depression symptoms among TCs, there arises a need to emphasize the imparting of a diverse array of coping strategies, encompassing, among others, emotion-focused coping. TCs should undergo training that enables them to discern when each variant of coping strategy is most apt and efficacious.

Fourthly, the study intimates that attenuating avoidant coping may be a more efficacious strategy in mitigating depression symptoms. TCs should be encouraged to confront issues directly rather than evading them. Supervisors and mentors within counseling programs play a pivotal role in shepherding TCs toward adopting healthier coping mechanisms. Finally, considering the unanticipated findings of problem-focused coping, further research is necessary to comprehend the specific factors that influence coping strategies among TCs in Malaysia. Such research endeavors can lay the foundation for formulating bespoke interventions aimed at bolstering the mental health of TCs. Furthermore, to acquire a more comprehensive insight into the mental health of TCs, forthcoming research should contemplate integrating alternative measures of psychological distress, such as anxiety, and investigate the role played by capacities related to emotion regulation. This more expansive approach can furnish a holistic perspective on the mental well-being of TCs.

In conclusion, this study underscores the significance of addressing the mental health and coping methodologies of TCs in Malaysia. By offering support, training, and heightened awareness in these domains, the counseling field can make substantive contributions to the welfare of TCs, subsequently enhancing the quality of counseling services dispensed to clients.

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REFERENCES

Abouammoh, N., Irfan, F., & AlFaris, E. (2020). Stress coping strategies among medical students and trainees in Saudi Arabia: A qualitative study. *BMC Medical Education, 20*, 1-8. https://doi.org/10.1186/s12909-020-02039-y

Alsolais, A., Alquwez, N., Alotaibi, K. A., Alqarni, A. S., Almalki, M., Alsolami, F., Almazan, J., & Cruz, J. P. (2021). Risk perceptions, fear, depression, anxiety, stress and coping among Saudi nursing students during the COVID-19 pandemic. *Journal of Mental Health, 30*(2), 194-201. https://doi.org/10.1080/09638237.2021.1922636

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). American Psychiatric Association

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association

Anyan, F., & Hjemdal, O. (2016). Adolescent stress and symptoms of anxiety and depression: Resilience explains and differentiates the relationships. *Journal of Affective Disorders, 203*, 213–220. https://doi.org/10.1016/j.jad.2016.05.031

Ayala, J. C., & Manzano, G. (2018). Academic performance of first-year university students: The influence of resilience and engagement. *Higher Education Research and Development, 37*(7), 1321-1335. https://doi.org/10.1080/07294360.2018.1502258

Azah, M. N. N., Shah, M. E. M., Juwita, S., Bahri, I. S., Rushidi, W. M. W. M., & Jamil, Y. M. (2005). Validation of the malay version brief patient health questionnaire (PHQ-9) among adult attending family medicine clinics. *International Medical Journal, 12*(4), 259–263.

Azmitia, M., Estrada, G., Cheong, Y., & Covarrubias, R. (2018). Dropping out is not an option: How educationally resilient first-generation students see the future. In C. R. Cooper & R. Seginer (Eds.) *Navigating pathways in multicultural nations: Identities, future orientation, schooling, and careers* (pp. 89–100). Wiley. https://doi.org/10.1002/cad.20240

Bahmani, B., Mehraban, S., Carnero Contentti, E., Azkhosh, M., Khanjani, M., & Azimian, M. (2022). Relationship of coping strategies with mood symptoms, disease-related characteristics and demographic variables in patients with multiple sclerosis: A systematic review study. *Multiple Sclerosis and Related Disorders*, *67,* 104163. https://doi.org/10.1016/j.msard.2022.104163

Basma, D., DeDiego, A. C., & Dafoe, E. (2021). Examining wellness, burnout, and discrimination among BIPOC counseling students. *Journal of Multicultural Counseling and Development, 49*(2), 74-86. https://doi.org/10.1002/jmcd.12207

Berkel, V. H. K. (2009). *The relationship between personality, coping styles and stress, anxiety and depression* [Master dissertation, University of Canterbury]. University of Canterbury. https://ir.canterbury.ac.nz/items/832047e9-d576-4443-9bdf-ff365f396ac1

Bhattacharyya, D., Namdeo, M., & Dwivedi, A. K. (2018). Proactive coping style and intentional self-harm: A cross-sectional study. *Industrial Psychiatry Journal, 27*(1), 67–72. https://doi.org/10.4103/ipj.ipj_2_18

Bistricky, S. L., Long, L. J., Lai, B. S., Gallagher, M. W., Kanenberg, H., Elkins, S. R., Harper, K .L. and Short, M. B. (2019). Surviving the storm: Avoidant coping, helping behavior, resilience and affective symptoms around a major hurricane-flood. *Journal of Affective Disorders*, *257*, 297-306. https://doi.org/10.1016/j.jad.2019.07.044

Bohecker, L., Wathen, C., Wells, P., Salazar, B. M., & Vereen, L. G. (2014). Mindfully educating our future: The MESG curriculum for training emergent counselors. *The Journal for Specialists in Group Work, 39*(3), 257–273.

Brandy, J. M. (2011). *Depression in freshmen college students* [Doctoral dissertation, Loya University Chicago]. Loyola University Chicago. http://ecommons.luc.edu/luc_diss/177

British Association for Counselling and Psychotherapy (2018). *Ethical framework for the counselling professions*. BACP. https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/

Bullare @ Bahari, F., Ismail, R., Madlan @ Endalan, L., & Lajuma, S. (2015). Strategi daya tindakan remaja sekolah dan hubungannya dengan kemurungan [The relationship between coping strategies and depression among adolescent school students]. *Jurnal Psikologi Malaysia, 29*(1), 21-38.

Carnahan, N. D., Carter, M. M., & Sbrocco, T. (2021). Intolerance of uncertainty, looming cognitive style, and avoidant coping as predictors of anxiety and depression during COVID-19: A longitudinal study. *International Journal of Cognitive Therapy, 15*, 1-19. https://doi.org/10.1007/s41811-021-00123-9

Carr, D., & Pudrovska, T. (2007). Mid-life and later-life crises. In J. E. Birren (Ed.) *Encyclopedia of gerontology* (pp.175–185). Academic Press.

Carver, C. S. (1997). You want to measure coping but your protocol' is too long: Consider the brief cope. *International Journal of Behavioral Medicine*, *4*(1), 92-100. https://doi.org/10.1207/s15327558ijbm0401_6

Choi, J. W., Hong, W., Abela, J. R., & Cohen, J. R. (2021). Comorbid depression and anxiety symptoms in Chinese adolescents: Testing the explanatory power of a diathesis-anxiety model. *Research on Child and Adolescent Psychopathology, 49*, 503-517. https://doi.org/10.1007/s10802-020-00730-8

Chou, P. C., Chao, Y. Y., Yang, H. J., Yeh, G. L., & Lee, T. S. H. (2011). Relationships between stress, coping and depressive symptoms among overseas university preparatory Chinese students: A cross-sectional study. *BMC Public Health, 11*(352), 1-7. https://doi.org/10.1186/1471-2458-11-352

Clark, D. M., Layard, R., Smithies, R., Richards, D. A., Suckling, R., & Wright, B. (2009). Improving access to psychological therapy: Initial evaluation of two UK demonstration sites. *Behaviour research and therapy, 47*(11), 910–920. https://doi.org/10.1016/j.brat.2009.07.010

Clemons, L. P. (2017). *The relationship between clinical experience, emotional intelligence and counsellor self-efficacy with resilience as a moderator* [Doctoral thesis]. Arizona State University.

Cohen, J. (1992). Statistical power analysis. *Current Directions in Psychological Science, 1*(3), 98-101. https://doi.org/10.1111/1467-8721.ep10768783

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and Anxiety, 18*(2), 76-82. https://doi.org/10.1002/da.10113

CACREP. (2015). *2016 CACREP standards*. Council for Accreditation of Counseling and Related Educational Programs https://www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf

Cronqvist, A., Klang, B., & Björvell, H. (1997). The use and efficacy of coping strategies and coping styles in a Swedish sample. *Quality of Life Research, 6*, 87-96. https://doi.org/10.1023/A:1026425730325

Davies, S. M., Sriskandarajah, S., Staneva, A. S., Boulton, H. C., Roberts, C., Shaw, S. H., & Silverio, S. A. (2022). Factors influencing 'burn-out'in newly qualified counsellors and psychotherapists: A cross-cultural, critical review of the literature. *Counselling and Psychotherapy Research, 22*(1), 64-73. https://doi.org/10.1002/capr.12485

Dye, L., Burke, M. G., & Wolf, C. (2020). Teaching mindfulness for the self-care and well-being of counselors-in-training. *Journal of Creativity in Mental Health, 15*(2), 140-153. https://doi.org/10.1080/15401383.2019.1642171

Egunjobi, J. P., Asatsa, S., & Adhiambo, J. (2021). Mandatory personal therapy and its outcomes among postgraduate counseling students in selected universities in Nairobi County, Kenya. *African Journal of Clinical Psychology, 4*(2), 1-22. https://doi.org/10.13140/RG.2.2.27068.77441

Esteban, R. F. C., Mamani-Benito, O., Morales-García, W. C., Caycho-Rodríguez, T., & Mamani, P. G. R. (2022). Academic self-efficacy, self-esteem, satisfaction with studies, and virtual media use as depression and emotional exhaustion predictors among college students during COVID-19. *Heliyon, 8*(11), e11085. https://doi.org/10.1016/j.heliyon.2022.e11085

Fisher, J. E., Zhou, J., Zuleta, R. F., Fullerton, C. S., Ursano, R. J., & Cozza, S. J. (2020). Coping strategies and considering the possibility of death in those bereaved by sudden and violent deaths: Grief severity, depression, and posttraumatic growth. *Frontiers in Psychiatry*, *11*, 749. https://doi.org/10.3389/fpsyt.2020.00749

Friedman, K. (2017). Counselor self-care and mindfulness. *Contemporary Buddhism: An Interdisciplinary Journal*, *18*(2), 321-330. https://doi.org/10.1080/14639947.2017.1373437

Hobaica, S., Szkody, E., Owens, S. A., Boland, J. K., Washburn, J. J., & Bell, D. J. (2021). Mental health concerns and barriers to care among future clinical psychologists. *Journal of Clinical Psychology*, *77*(11), 2473-2490. https://doi.org/10.1002/jclp.23198

Humphreys, L., Crino, R., & Wilson, I. (2017). Psychological functioning predicts competence development for postgraduate students of professional psychology. *Training and Education in Professional Psychology, 11*(1), 49. https://doi.org/10.1037/tep0000139

Hymavathee, K. S., Ramasamy, S., & Abdul Kadir, N. B. (2016a). Depressive symptoms among Malaysian trainee counsellors: A pilot study. *Malaysian Journal of Medical Sciences, 23*(3), 73-79.

Hymavathee, K. S., Mah, C. W., Nor, A. M., & Ong, S. Y. (2016b, June 3-4). *Psychological general well-being and burnout of counselor in-training in Malaysia: A pilot study*. [Paper presentation]. American Counseling Association - Asia Pacific Counseling Conference, Singapore. https://doi.org/10.13140/RG.2.2.21743.02728

Johari, A. B., & Hassim, I. N. (2009). Stress and coping strategies among medical students in National University of Malaysia, Malaysia University of Sabah and Universiti Kuala Lumpur Royal College of Medicine Perak. *Journal of Community Health, 15*(2), 106-115.

Jones, C., & Edwards, S. (2023). Making sense of mental health: A qualitative study of student counsellors. *British Journal of Guidance & Counselling*, *51*(6), 835-850. https://doi.org/10.1080/03069885.2022.2162482

Kausar, R., & Anwar, T. (2010). Perceived stress, stress appraisal and coping strategies used in relation to television coverage of terrorist incidents. *Pakistan Journal of Social and Clinical Psychology, 8*(2), 119–131.

Kroenke, K., Spitzer, R. L., Williams, J. B., & Löwe, B. (2010). The patient health questionnaire somatic, anxiety, and depressive symptom scales:

A systematic review. *General hospital psychiatry, 32*(4), 345–359. https://doi.org/10.1016/j.genhosppsych.2010.03.006

Kotera, Y., Green, P., & Sheffield, D. (2021). Positive psychology for mental wellbeing of UK therapeutic students: Relationships with engagement, motivation, resilience and self-compassion. *International Journal of Mental Health and Addiction, 20*, 1611–1626. https://doi.org/10.1007/s11469-020-00466-y

Lara-Cabrera, M. L., Betancort, M., Muñoz-Rubilar, C. A., Rodríguez Novo, N., & De Las Cuevas, C. (2021). The mediating role of resilience in the relationship between perceived stress and mental health. *International Journal of Environmental Research and Public Health*, *18*(18), 9762. https://doi.org/10.3390/ijerph18189762

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

LKM. (2011). *Kod etika kaunseling* [Counselling code of ethics]. Lembaga Kaunselor Malaysia

Liu, J. J. W., Reed, M., & Girard, T. A. (2017). Advancing resilience: An integrative, multi-system model of resilience. *Personality and Individual Differences*, *111*, 111–118. https://doi.org/10.1016/j.paid.2017.02.007

Mcdermott, R. C., Fruh, S. M., Williams, S., Hauff, C., Graves, R. J., Melnyk, B. M., & Hall, H. R. (2020). Nursing students' resilience, depression, well-being, and academic distress: Testing a moderated mediation model. *Journal of Advanced Nursing, 76*(12), 3385-3397. https://doi.org/10.1111/jan.14531

Murphy, D. (2005). A qualitative study into the experience of mandatory personal therapy during training. *Counselling and Psychotherapy Research, 5*(1), 27-32. https://doi.org/10.1080/14733140512331343868

Naing @ Noor Jan, K. O., Nor Azillah, A. A., Nooriny, I., Tan, C. H., Yeow, Y. Y,, & Hamidin, A. (2010). Anxiety and depressive symptoms and coping strategies in nasopharyngeal carcinoma patients in Hospital Kuala Lumpur. *Malaysian Journal of Medicine and Health Sciences, 6*(1), 71-81.

NovoPsych. (2020). *Coping orientation to problems experienced inventory (Brief-COPE)*. NovoPsych. https://novopsych.com.au/assessments/brief-cope/

Nulty, D. D. (2008). The adequacy of response rates to online and paper surveys: What can be done? *Assessment & Evaluation in Higher Education, 33*(3), 301–314. https://doi.org/10.1080/02602930701293231

Pincus, R., Hannor-Walker, T., Wright, L., & Justice, J. (2020). COVID-19's effect on students: How school counselors rise to the rescue. *NASSP Bulletin, 104*(4), 241-256. https://doi.org/10.1177/0192636520975866

Poole, J. C., Dobson, K. S., & Pusch, D. (2017). Childhood adversity and adult depression: The protective role of psychological resilience. *Child Abuse & Neglect, 64*(5), 89-100. https://doi.org/10.1016/j.chiabu.2016.12.012.

Posluns, K., & Gall, T. L. (2020). Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counselling, 42*, 1-20. https://doi.org/10.1007/s10447-019-09382-w

Puig, A., Lee, S. M., Goodrich, T. J., & Sherrard, P. A. (2012). The lived experiences of counsellor trainees in developing countries: A phenomenological investigation. *International Journal for the Advancement of Counselling, 34*(1), 3-16.

Richardson, C. M., Trusty, W. T., & George, K. A. (2020). Trainee wellness: Self-critical perfectionism, self-compassion, depression, and burnout among doctoral trainees in psychology. *Counselling Psychology Quarterly*, *33*(2), 187-198. https://doi.org/10.1080/09515070.2018.1509839

Robertson, I. T., Cooper, C., Sarkar, M., & Curran, T. (2015). Resilience training in the workplace from 2003 to 2014: A systematic review. *Journal of Occupational and Organizational Psychology, 88*(3), 533–562. https://doi.org/10.1111/joop.12120

Roebuck, D. C., & Reid, K. (2020). How trainee therapists experience resilience: An interpretative phenomenological analysis. *Counselling and Psychotherapy Research, 20*(3), 545-555. https://doi.org/10.1002/capr.12286

Rønnestad, M. H., Orlinsky, D. E., Schröder, T. A., Skovholt, T. M., & Willutzki, U. (2019). The professional development of counsellors and psychotherapists: Implications of empirical studies for supervision, training and practice. *Counselling and Psychotherapy Research, 19*(3), 214-230. https://doi.org/10.1002/capr.12198

Rummell, C. M. (2015). An exploratory study of psychology graduate student workload, health, and program satisfaction. *Professional Psychology: Research and Practice, 46*(6), 391-399. https://doi.org/10.1037/pro0000056

Sassaroli, S., Caselli, G., Mansueto, G., Palmieri, S., Pepe, A., Veronese, G., & Ruggiero, G. M. (2022). Validating the diathesis–stress model based case conceptualization procedure in cognitive behavioral therapies: The LIBET (Life Themes and Semi-Adaptive Plans—Implications of Biased Beliefs, Elicitation and Treatment) procedure. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *40,* 527–565. https://doi.org/10.1007/s10942-021-00421-3

Scott, S., Johnson, E., & Hakim-Larson, J. (2015). University students' coping behaviours and perceived parental depression: The role of hope and implications for counsellors. *Canadian Journal of Counselling and Psychotherapy, 49*(4), 315-331.

Scupham, S., & Goss, S. P. (2020). Working with suicidal clients: Psychotherapists and allied professionals speak about their experiences. *Counselling and Psychotherapy Research, 20*(3), 525-534. https://doi.org/10.1002/capr.12288

Shapero B. G., Farabaugh A., Terechina O., DeCross S., Cheung J. C., Fava M., & Holt, D. J. (2019). Understanding the effects of emotional reactivity on depression and suicidal thoughts and behaviors: Moderating effects of childhood adversity and resilience. *Journal of Affective Disorders, 245*, 419–427. https://doi.org/10.1016/j.jad.2018.11.033

Sherina M. S., & Kaneson, N. (2003). The prevalence of depression among medical students. *Journal of Psychiatry, 11*(1), 12-17.

Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development, 70*(4), 505–515. https://doi.org/10.1002/j.1556-6676.1992.tb01646.x

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, *15*(3), 194–200. https://doi.org/10.1080/10705500802222972

Smith, B. W., Emerson, M. E., Ortiz, J. A., Christopher, P. J., & Tooley, E. M. (2013). The foundations of resilience: What are the critical resources for bouncing back from stress? In S. Prince-Embury & D. Saklofske (Eds.) *Resilience in children, adolescents, and adults. The springer series on human exceptionality* (pp. 167-187). Springer.

Thompson, C. B., Keith, J., & Smith, D. C. (2011). The impact of personal therapy on trainee counsellors: A literature review. *Counselling and Psychotherapy Research, 11*(2), 95-103.

Trigueros, R., Aguilar-Parra, J. M., Cangas, A. J., Bermejo, R., Ferrandiz, C., & López-Liria, R. (2019). Influence of emotional intelligence, motivation and resilience on academic performance and the adoption of healthy

lifestyle habits among adolescents. *International Journal of Environmental Research and Public Health*, *16*(16), 2810. https://doi.org/10.3390/ijerph16162810

Wagner, H. H., & Hill, N. R. (2015). Becoming counselors through growth and learning: The entry transition process. *Counselor Education and Supervision, 54*, 189-202. https://doi.org/10.1002/ceas.12013

Walsh, P., Owen, P. A., Mustafa, N., & Beech, R. (2020). Learning and teaching approaches promoting resilience in student nurses: An integrated review of the literature. *Nurse Education in Practice, 45*, 102748. https://doi.org/10.1016/j.nepr.2020.102748

Wardle, H. P., & Mayorga, M. E. (2016). Examining burnout, depression, and self-care among accredited counsellors and trainees. *Counselling Psychology Quarterly, 29*(4), 405-426.

Welkowitz, J., Cohen, B. H., & Lea, R. B. (2012). *Introductory statistics for the behavioural sciences* (7th ed.). John Wiley & Sons.

Wolf, C. P., Thompson, I. A., & Smith-Adcock, S. (2012). Wellness in counsellor preparation: Promoting individual well-being. *The Journal of Individual Psychology, 68*(2), Summer 2012.

Wu, Y., Sang, Z. Q., Zhang, X. C., & Margraf, J. (2020). The relationship between resilience and mental health in Chinese college students: A longitudinal cross-lagged analysis. *Frontiers in Psychology*, *11*, 108. https://doi.org/10.3389/fpsyg.2020.00108

Yip, Y. T., Teoh, A. N., & Low, P. K. (2023). Unavoidable stressful client situations: Sources of social support on clinical psychologists' and counsellors' psychological well-being. *Journal of Concurrent Disorders*. Advance online publication. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://cdspress.ca/wp-*content/uploads/2023/02/MS_AUG_2022_16_Yip_Proof_FINAL.pdf*

Yousif, M. A., Arbab, A. H., & Yousef, B. A. (2022). Perceived academic stress, causes, and coping strategies among undergraduate pharmacy students during the COVID-19 pandemic. *Advances in Medical Education and Practice, 13*, 189-197. https://doi.org/10.2147/AMEP.S350562

Yusoff, M. S. B., Yee, L. Y., Wei, L. H., Siong, T. C., Meng, L. H., Bin, L. X., & Rahim, A. F. A. (2011). A study on stress, stressors and coping strategies among Malaysian medical students. *International Journal of Students' Research, 1*(2), 45-50. https://doi.org/10.5549/IJSR.1.2.45-50

Zanardelli, G., Sim, W., Borges, N., & Roman, B. (2015). Well-being in first year medical students. *Acad Psychiatry, 39*(1), 31–36. https://doi.org/10.1007/s40596-014-0189-5

Zhao, L., Sznajder, K., Cheng, D., Wang, S., Cui, C., & Yang, X. (2021). Coping styles for mediating the effect of resilience on depression among medical students in web-based classes during the COVID-19 pandemic: Cross-sectional questionnaire study. *Journal of medical Internet research, 23*(6), e25259. https://doi.org/10.2196/25259

Zong, J. G., Cao, X. Y., Cao, Y., Shi, Y. F., Wang, Y. N., Yan, C., Abela, J. R., Gan, Y. Q., Gong, Q. Y., & Chan, R. C. (2010). Coping flexibility in college students with depressive symptoms. *Health Qual Life Outcomes, 8*(1), 1-6. https://doi.org/10.1186/1477-7525-8-66