

THE INFLUENCE OF COUNSELOR EDUCATION PROGRAMS ON COUNSELOR
WELLNESS

by

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ABSTRACT

Counselor education programs strive to promote the personal development and wellness of counselors in addition to cognitive, skill, and professional competencies. The purpose of this study was to examine trends in self-reported levels of wellness of master's level counseling students. The cross-sectional study investigated the influence of time in a counselor education program on the wellness levels of counseling students. Students were surveyed at three points in their counselor education training: the beginning, middle, and end. Participants included 204 master's level counseling students enrolled in three CACREP-accredited counselor education programs located in the southeastern United States. Each participant completed the Five Factor Wellness Inventory (5F-Wel) and a demographic questionnaire. A monotonic trend analysis was conducted in SPSS Multivariate Analysis of Variance (MANOVA) to answer the question of whether master's level counseling students report higher levels of wellness as they advance through a counseling program. Additional univariate analyses of variance (ANOVAs) were performed in order to answer questions related to the influence of demographic variables.

Results of the study yielded no significant trends in self-reported levels of wellness by students as they progressed through their counselor training. Furthermore, gender, cultural background, and a requirement for personal counseling were not significant in accounting for differences in the wellness levels of students. However, those students who reported that their counselor education program offered a wellness course reported statistically significant higher levels of wellness. Responses to an open ended question on the demographic questionnaire, "What, if anything, have you learned in your counseling coursework that has helped you develop knowledge and skills regarding your personal wellness?" were included in the discussion to provide insight into the results of the study. The findings suggested that, while counselor education programs may not increase levels of wellness in students, evidence from the demographic questionnaire indicated that personal development and wellness were emphasized.

Perhaps systematic procedures for teaching and evaluating student wellness could be implemented in counselor education programs to insure that goals regarding personal development and wellness are being met.

This dissertation is dedicated to God, who has so richly blessed my life, and to my husband Bob and my son Mike. Their love and support sustains me and has made the completion of this project possible.

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LIST OF ABBREVIATIONS

ACA	American Counseling Association
ACES	Association for Counselor Education and Supervision
CACREP	Council for Accreditation of Counseling and Related Educational Programs
CSPD-RF	Counselor Skills Personal Development Rating Form
5F-Wel	Five Factor Wellness Inventory
IS-WEL	Indivisible Self: An Evidence-Based Model of Wellness
PLOC	Perceived Locus of Causality
PPFE	Professional Performance Fitness Evaluation
SDT	Self Determination Theory
SWB	Subjective Well-Being
SWLS	Satisfaction with Life Scale
TWA	Theory of Work Adjustment
VIA-IS	Values in Action Inventory of Strengths
WEL	Wellness Evaluation of Lifestyle

CHAPTER ONE: INTRODUCTION

Beyond the acquisition of knowledge, counselor education programs have strived to foster the personal development of students. Personal development is defined as the lifelong willingness and ability to cultivate one's overall well-being, self-awareness, and personal growth. Research has looked at a number of aspects of counselor development including cognitive development (Brendel, Kolbert, & Foster, 2002; Fong, Borders, Ethington, & Pitts, 1997; Granello, 2002; Lovell, 1999), skill development (Duys & Hedstrom, 2000; Eriksen & McAuliffe, 2003; Hayes, Taub, Robinson, & Sivo, 2003), and professional development (Furr & Carroll, 2003; Schwitzer, Gonzalez, & Curl, 2001). However, the literature regarding the personal development of counselors lacks consistency and clarity (Hensley, Smith, & Thompson, 2003). While several researcher's have examined various pedagogies that enhance personal development (Nelson & Neufeldt, 1998) and models for monitoring personal development (Baldo & Softas-Nall, 1997; Frame & Stevens-Smith, 1995; Lumadue & Duffey, 1999), it has remained a difficult task for counselor education programs to articulate competencies in this area. Following a review of the professional counseling standards and the current literature regarding the personal development of counseling students that highlight the social significance, the paradigm of wellness will be presented as an approach to facilitate counselor growth and development. Finally, the purpose of this study, to examine the influence of counselor education programs on counselor wellness, will be presented along with the research question.

Social Significance

The professional organizations representing the counseling profession place an emphasis on the personal development and wellness of counseling students. In 1989, the American Counseling Association (ACA) formerly the American Association for Counseling and Development (AACD) declared a commitment to wellness and developmental approaches to counseling and prevention as opposed to a medical-illness orientation (Myers, 1992). The resolution, outlined in the AACD strategic plan, in part stated "...that the Governing Council of AACD declare a position for the profession as advocates for policies and programs in all segments of our society which promote and support optimum health and wellness" (AACD, 1991). The Association for Counselor Education and Supervision (ACES, 1993) state that counselor educators and supervisors have a responsibility to "be aware of any personal or professional limitations of supervisees which are likely to impede future professional performance" (Section 2.12). This statement indicates that beyond instructing students in the disciplines and content of counseling, counselor educators must also be aware of impairment and encourage growth and wellness in their programs.

In addition, CACREP (2001) standards specify requirements for promoting the personal development of counseling students. Section II.D states that "Students actively identify with the counseling profession by participating in professional associations such as the American Counseling Association (ACA), its divisions, branches, and affiliate organizations, and by participating in seminars, workshops, or other activities that contribute to personal and professional growth" (p. 59). Section II.K.5.a under "Helping Relationships" reads that counseling studies provide an understanding of counseling and consulting processes that include "counselor and consultant characteristics and behaviors that influence helping processes

including age, gender, and ethnic differences, verbal and nonverbal behaviors and personal characteristics, orientations, and skills” (p. 62). Section II.K.5.b states, “Studies will also facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries” (p. 62). Section VI.B encourages program faculty to “...conduct a developmental, systematic assessment of each student’s progress through the program, including consideration of the student’s academic performance, professional development, and personal development” (p. 74).

Nonetheless, counselor education programs seem to lack systematic ways to evaluate the personal development and wellness of prospective candidates for their programs. Several studies (Hosford, Johnson, & Atkinson, 1984; Market & Monke, 1990; McKee, Harris, & Swanson, 1979) found that most admissions procedures focused on a limited number of criteria such as Graduate Record Examination (GRE) scores, undergraduate GPA, letters of recommendation, and interviews that had low positive correlation with academic success and the attainment of counseling skills. Bradley & Post (1991) found that while programs had procedures in place to evaluate academic success, few had procedures in place to effectively monitor student professional and personal development. Since then, Frame and Stevens-Smith (1995) have outlined nine characteristics they believe essential to counselor development, and Baldo and Softas-Nail (1997) have proposed a student review and retention policy that includes due process, clear expectations regarding student behaviors, and a review committee that involves the entire faculty. Subsequently, Lumadue and Duffey (1999) expanded on these policies by developing a student evaluation form, the Professional Performance Fitness Evaluation (PPFE), outlining specific behavioral components for students. In addition, Torres-Rivera, Wilbur, Maddux, Smaby, Phan, & Roberts-Wilbur (2002) conducted an exploratory factor analysis of

counseling student scores on the Counselor Skills Personal Development Rating Form (CSPD-RF) developed by Michael Wilbur in 1991 and reported four factors--emotional sensitivity; basic listening skills; multicultural skills; and influencing skills--that related to the personal and skill development originally hypothesized by the author. Still, there is a limited amount of current research available on counselor education programs that demonstrates the efficacy of admission and retention policies addressing personal development. Without systematic procedures for evaluating and promoting the personal development and wellness of counselors, counselor educators run the risk of contributing to a growing work force of impaired counselors.

The problem of counselor impairment, often a result of anxiety, job stress and burnout, is well-documented in the literature (Emerson & Markos, 1996; Hazler & Kottler, 1996; Herlihy, 1996; Olsheski & Leech, 1996; Sheffield, 1998). Burnout has been defined as “physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes, and loss of concern and feeling for clients” (Pines & Maslach, 1978, p. 234). Kottler (1993) described burnout as inevitable in the counseling profession and the single most common consequence of practicing therapy. Grosch and Olsen (1994) also suggested that counselor burnout was almost inevitable. O’Halloran & Linton (2000) pointed out that while counselors have a responsibility to maintain their own health and wellness, most counselors who were trained to care for others overlooked the need to care for themselves. Consequently, counselors ran the risk of impairment, which could contribute to a diminished ability to act in a manner that promotes the well-being of others (Stebnicki, 2000). To further exacerbate the situation, counselors were often reluctant to admit they had a problem and often did not seek help for this condition (Kottler, 1993). Many counselors continued to work even when impaired.

While counselor impairment was not the primary focus of this study, it offers a powerful argument for the necessity of promoting personal development and wellness in counseling students. According to Frame and Stevens-Smith (1995), counselor educators must be concerned about counselor impairment and the resulting harm to clients. In light of this concern, they established a formal policy statement regarding the personal development of counselors. In their review of the literature, they identified nine characteristics that they believed were crucial to counselor development including being open, flexible, cooperative, willing to use and accept feedback, aware of impact on others, able to deal with conflict, able to accept personal responsibility, and able to express feelings effectively and appropriately. These characteristics, when encouraged, may promote well-being in counseling students. However, systematic strategies for implementation remain difficult and ambiguous to apply in counselor education.

As a result, most counselor education programs focus on and support a set of content areas and competencies that are considered vital to the training of student counselors (Nelson & Neufeldt, 1998). These include knowledge of counseling theories, mental health systems, assessment, case conceptualization, group process, and ethics as well as competencies in counseling techniques such as reflecting skills, challenging skills, and goal setting (Young, 2001), and membership in professional organizations. However, students not only need to develop their knowledge and skills, but also their humanity in order to establish counseling relationships that promote client welfare (Rogers, 1961; Corey, 2000). Several researchers, including Nelson and Neufeldt (1998) promote a constructivist teaching theory that facilitates the development of reflectivity in student counselors. Reflectivity refers to the ability to thoughtfully reflect on one's actions and experiences. For this study, students in a problem-based learning situation were provided a safe environment to focus, not only on the content of a

counseling problem or dilemma, but also on their own emotional and cognitive experiences as a means of understanding and resolving the problem. Many counselor educators consider facilitation of students' ability to reflect as essential to their growth as helping professionals.

Yalom (1995) asserts that groups can be powerful in promoting the personal development of students in counselor training. Additionally, personal awareness is widely considered to be an integral component of effective multicultural counseling (Sue & Sue, 1999; Torres-Rivera, Phan, Maddux, Wilbur, & Garrett, 2001). Personal development has consistently been included as an integral part of supervision models in counselor training (Bernard & Goodyear, 1998). However, according to a survey of practicum class supervision conducted by Prieto (1998), only 11% of practicum class time was spent on the professional and personal issues of students. The focus on personal development, personal characteristics, personal awareness, and on students' emotional and cognitive experiences may be facilitated through the incorporation of a wellness model in counselor education.

Definitions of Wellness

Wellness and health can be conceptualized by the analogy of a well. A well sustains itself with a continuous flow of water when it has sources and is regularly replenished (Milsum, 1984). The amount of reserve is a far more significant indicator of a healthy water supply than the force of water at any given moment. Without a reserve, the well dries up quickly and is no longer able to sustain. Well human beings must have reserves because overall wellness depends far more on these reserves than on performance at any given moment (Milsum, 1984). Wellness embraces a holistic approach that integrates all aspects of the self; mind, body, and spirit within a context. Health and well-being are dynamic processes involving the individual within his/her

environment. Wellness as a paradigm for counselors and counselor educators provides a framework for replenishing reserves.

Wellness has been described by several organizations and researchers over the years. As early as 1947, the World Health Organization defined optimal health as “a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity” (World Health Organization, 1958) and in 2001, released *The World Health Report: Mental Health: New Understanding, New Hope* that introduced “a new understanding of mental health ... to explain why it is as important as physical health to the overall well-being of individuals, families, societies and communities.” Donald B. Ardell (1986, 1988) concluded that one could be “well” even in the midst of illness, and that anyone could make positive lifestyle choices that would reinforce health-enhancing behaviors in all areas of life, resulting in greater satisfaction, increased serenity, and more interest in the future. Archer, Probert, & Gage (1987) defined wellness as “the process and state of a quest for maximum human functioning that involves the body, mind, and spirit” (p. 311). For counselors, Witmer & Young (1996) state that wellness refers to personal growth and professional competence achieved through mental, emotional, social, physical, vocational, and spiritual well-being. The terms, “wellness” and “well-being” are often used interchangeably. Diener (2000) refers to subjective well-being (SWB) as a person’s definition of what constitutes the good life, while Seligman (2002), defines well-being as the positive evaluation of one’s life, including positive emotion, engagement, satisfaction, and meaning.

According to Witmer (1985), several life strategies can be incorporated to enhance overall wellness. These include accepting self responsibility; accurately and reliably appraising health status; a willingness to make positive lifestyle changes; engaging in regular physical

exercise; maintaining good nutrition and weight control; developing stress management and coping skills; and enhancing environmental sensitivity. Wellness requires taking responsibility for personal growth and development. Consequently, embracing a model of wellness may be an effective strategy for enhancing counselor development. Furthermore, wellness has a strong theoretical foundation in the fields of counseling and psychology.

Theoretical Foundations of Wellness

The early focus on wellness can be found in traditional psychological and counseling theories and shares many ideas in common with the Humanistic Psychology, Existentialism, Psychosynthesis, Positive Psychology, and Resiliency movements. In the early 1900's, Carl Jung's work focused on man's search for meaning and integration in life, leading to a deeper focus on and closeness to people, life and the universe (Jung, 1933). The integration of meaning and purpose in life was a central premise of early wellness models and remains so, today. Alfred Adler and the Individual Psychology movement focused on the self in relationship to the world. Adler believed that people were striving toward mastery and what was most important was their attitude toward life and their degree of social interest (Adler, 1956). Adler's theory was foundational to wellness models, such as the Indivisible Self Model of Wellness (Myers & Sweeney, 2004), that embrace a paradigm of holism emphasizing the individual within the social context.

The humanistic psychologists of the 1960's, including Carl Rogers and Abraham Maslow, contributed theories on the strengths and virtues inherent in people with a focus on nurturing excellence in them. Rogers believed that people were basically good and healthy and had a tendency to strive toward self-actualization. He was most interested in describing the healthy or *fully-functioning* individual (Rogers, 1961). Maslow, often referred to as the father of

humanistic psychology, postulated a hierarchy of needs that led to self-actualization, the striving to fulfill one's potential and be all that one could be. Maslow's work focused on man's search for meaning and purpose in life and on broadening psychology to define and include what was best in people (Maslow, 1968). Contemporary wellness models incorporate a purposeful, strength-based approach to human functioning that was foundational to humanistic theory.

Viktor Frankl (1967), associated with Existentialism, pointed out that happiness was achieved through the pursuit of meaningful life activities. He contended that the three dimensions of human existence--soma (physical), psyche (emotions), and noetic (spirit)--were foundational to the mind, body, spirit focus of the wellness paradigms. Roberto Assagioli (1965) proposed the concept of psychosynthesis that focused on the relationship between the personality and the spiritual self of an individual. Psychosynthesis suggested four stages that led to self-realization and right relationship with others: knowledge of one's personality; control of its various elements; realizing one's true self by discovering or creating a unifying center; and reconstructing the personality around the new center.

In addition, Albert Bandura (1986) advanced social learning theory and posited that individuals were not merely passive recipients of pathology due to traumatic childhoods or other circumstances, but rather interactive participants in their environment. Bandura conceptualized people as having control over their behavior with the ability to self-regulate and to learn new, more positive behaviors by observation and modeling. A person's ability to impact his or her own wellness and to live within a social context was embedded in wellness models.

Emmy Werner studied children who demonstrated unusual psychological strengths and defined protective factors that included personal competencies and sources of support that increased their resiliency (Werner, 1986). Froma Walsh (1996) defined resilience as an active

process of endurance and growth achieved through crisis and challenge. Walsh found that personal factors such as hope, optimism, a positive sense of humor, belief in one's self, creativity, and active problem solving, along with strong social support, were fundamental to resilience.

These theoretical models have contributed to a shift in focus from a strictly pathological model of mental health to a focus on positive individual traits and institutions that offer hope for improving quality of life, enhancing personal development, and preventing impairment. Wellness models have grown out of these more positive, strength-based approaches to human growth and development.

Wellness Models

Several models of wellness have been developed that examine wellness from a holistic view. Ardell (1986) identified five dimensions of high level wellness that include self-responsibility, nutritional awareness, stress management, physical fitness, and environmental sensitivity. Ardell established Wellness Institutes on university campuses such as the University of Central Florida (Ardell & Langdon, 1989) that stressed more than just staying healthy and illness-free. He emphasized that “the collegiate experience at its best must equip the student not with just the skills to earn a living but also proficiency in living skillfully – even artfully!” (p. 10).

Others have developed models that are intended to support the physical aspects of wellness. Hettler (1984) developed the National Wellness Institute Model that included six dimensions: spiritual values and ethics; occupational/vocational; physical fitness/nutrition; emotional; social/family/community/environmental; and intellectual. Zimpfer (1992) developed a wellness model for cancer treatment focused on mobilizing all resources of the self to

maximize wellness. His model included several lines of treatment: medical treatment; immune function; life-style management; a spiritual dimension; beliefs and attitudes; psychodynamics; energy forces; and interpersonal relations all focused on marshalling the body's instinctive healing forces.

Cruse, Nicolas, Gobble, & Frank (1992) discussed a systems model of wellness developed by Nicolas & Gobble (1989) that looked at the various aspects (physical, emotional, social, vocational, spiritual, and intellectual) of health as multidimensional, variable and self-regulating. Chandler, Holden, and Kolander (1992) developed the Model of Spiritual Wellness, a holistic wellness model similar to a lifespan model that consisted of five dimensions (intellectual, physical, emotional, social, and occupational) with spirituality as an integral component of each. "Optimum wellness exists when each of these five dimensions has a balanced and developed potential in both the spiritual and personal realm" (p. 171). The concept of occupational wellness in relation to developing a healthy, integrated career and personal identity was discussed by Dorn (1992).

Sweeny & Witmer (1991) and Witmer & Sweeny (1992), with revisions by Myers, Sweeney & Witmer (2000), developed the Wheel of Wellness a life span model based on the theoretical foundation of Adler (social interest and striving for mastery), Maslow (striving toward self-actualization, growth, and excellence), and cross-disciplinary research on characteristics of healthy people. The model included the five life tasks: spirituality; self-direction; work and leisure; friendship; and love. Self-direction was further divided into twelve sub-tasks: sense of worth; sense of control; realistic beliefs; emotional awareness and coping; problem solving and creativity; sense of humor; nutrition; exercise; self-care; stress management; gender identity; and cultural identity. The Wheel of Wellness incorporated a

contextual framework recognizing the many interactions and global influences in the environment and society that affect human functioning. This model has recently been revised to the Indivisible Self: An Evidence-Based Model of Wellness, IS-WEL, a five-factor contextual model (Myers, Luecht, & Sweeney, 2004). The IS-WEL conceptualizes wellness as a higher order, indivisible self factor and as a factor composed of identifiable subcomponents which represent the original hypothesized areas of wellness. These subcomponents group within the five second order factors and seventeen third order factors that include the Creative Self (thinking, emotions, control, work, positive humor); the Coping Self (leisure, stress management, self-worth, realistic beliefs); the Social Self (friendship, love); the Essential Self (spirituality, gender identity, cultural identity, self-care); and the Physical Self (nutrition, exercise). The IS-WEL has been widely studied and referenced throughout the counselor education literature.

Problem Statement

The personal characteristics of counselors are important to their development as professionals. Hanna & Bemack (1997) argued that counselor effectiveness depended more on the personal characteristics of the counselor than on school, training or theory. Counselors, who overlook their own personal development, often focus on enhancing the well-being of clients while neglecting to maintain their own wellness. As Corey noted, “it is not possible to give to others what you do not possess” (Corey, 2000, p 29).

Since counseling is stressful (Skovholt, 2001) and a lack of personal wellness may have an impact upon a counselor’s effectiveness with clients, it is important for counselor education programs to address personal development through wellness strategies during counselor training. Promoting wellness supports counselor growth and development by educating students on the risks of impairment in the counseling profession and by providing a framework for facilitating

their own wellness. However, few counselor education programs have a salutary focus and there is a paucity of research that elucidates effective strategies for selecting students with higher levels of wellness, evaluating student wellness, or promoting the wellness of counseling students currently enrolled in counselor education programs (Myers, Mobley, & Booth, 2003).

Assuming that counselor educators want well students in their programs in order to promote personal growth and development, there are common dimensions of various wellness models that can provide a basis for a wellness philosophy in counselor education (Witmer & Young, 1996). The syntheses of the various aspects of wellness (spiritual, intellectual, emotional, physical, occupational and social) can assist counselor education programs in creating wellness communities that encourage counselors to take responsibility for maintaining positive physical and mental health. By achieving and maintaining a greater sense of wellness, counseling students may enhance their personal growth and development, experience more satisfaction, and as a result, remain better able to meet the demands of their training and future work environments by dealing more effectively with stress and anxiety thus reducing impairment and burnout.

Purpose of the Study

The general purpose of this research is to add to the existing knowledge regarding the influence of counselor education programs on the overall wellness levels of counseling students. Based on a 2003 study by Myers, Mobley & Booth, it was found that counseling students during their first year of counselor training programs at both the entry and advanced levels expressed greater wellness than the general population in 8 of the 19 scales of the Wellness Evaluation of Lifestyle (WEL). Students at the advanced levels (doctoral students) experienced higher levels of wellness than students at the entry level (master's students) in two of the major life tasks (Spirituality and Work) and Total Wellness. The researchers identified a need for further

research in order to determine the wellness of counseling students at different points in the counseling program to answer the larger question as to whether counselor education leads to greater levels of wellness for students. The current study is cross-sectional and utilizes the Five Factor Wellness Inventory (5F-Wel) to investigate trends in wellness levels between groups of counselor education master's students at different points in their training program.

Research Question

The research question is as follows: Do master's level counseling students near the end of their training in counselor education (42-60 completed semester hours) report higher levels of wellness than students at a mid-point in their training (18-30 completed semester hours) and/or students at the beginning of their training (0-12 completed semester hours)? In other words, do counseling students report higher levels of wellness as they progress through a counseling program? In addition, the effects of several demographic variables (gender, cultural background, a wellness course offering, and a requirement for personal counseling) were investigated to determine if they account for any of the differences in wellness levels.

Summary

Wellness as a paradigm has received increased attention over the years. In 1992, an entire special issue of the Journal of Counseling and Development, entitled *Wellness throughout the life span*, was dedicated to wellness. Furthermore, the benefits of higher levels of wellness have been documented in numerous studies using the WEL and 5F-Wel (Connolly & Myers, 2003; Degges-White, Myers, Adelman, & Pastoor, 2003; Hutchinson, 1997). However, it remains unclear as to whether or not counselor education programs promote wellness in counseling students due to the paucity of research in this area (Myers, Mobley, & Booth, 2003). This study further answers the

research question by empirically testing trends in the self-reported wellness levels of master's level students at three points (beginning, middle, and end) in their counselor training.

The dissertation is organized as follows. Chapter One offers an Introduction to the research including a definition of wellness, its theoretical foundations, and wellness models along with the social significance, the problem statement and the research question. Chapter Two presents the relevant literature related to the construct of wellness and reviews the current research on wellness and related constructs. Chapter Three introduces the methodology for the study including the general research hypotheses, research design and limitations, research participants, sampling procedures, sample size, instrumentation, data collection procedures, and data analysis. Chapter Four reports the data analysis and research hypotheses testing including a description of the study participants including their demographic profile, descriptive statistics, and results of statistical analyses. And finally, Chapter Five discusses the findings of the empirical study, research implications, recommendations, limitations and opportunities for future research.

CHAPTER TWO: LITERATURE REVIEW

Following a review of the Indivisible Self: An Evidence Based Model of Wellness (IS-WEL) (Myers, Luecht, & Sweeney, 2004), this chapter presents the relevant literature to further develop the theoretical foundation of wellness, including a review of Adler's Individual Psychology, Humanistic Psychology, Positive Psychology, and Resiliency research literature. A review of the research specific to wellness and related constructs is presented to demonstrate the positive effects of wellness in a number of settings, including counselor education.

The Indivisible Self: An Evidence Based Model of Wellness

The Wheel of Wellness Model developed by Sweeney & Witmer (1991) and Witmer & Sweeney (1992), with revisions by Myers, Sweeney & Witmer (2000) was factor analyzed and revised to The Indivisible Self Model of Wellness, IS-WEL, (Myers, Luecht, & Sweeney, 2004). The instrument utilized in this study, the Five Factor Wellness Evaluation of Lifestyle (5F-Wel), is based on this model. The IS-WEL identified one unifying concept, the Indivisible Self, described in the 5F-Wel instrument as the higher order factor of wellness, five second order factors, seventeen third order factors, four contexts, and a life satisfaction index.

The unifying factor of wellness is consistent with psychological theories that conceptualize the self as a unified sum of all its parts (Adler, 1956), seeking meaning, purpose, and positive growth in life (Adler, 1956; Rogers, 1961). Five second order factors comprise the self (Myers & Sweeney, 2004): the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. Each of the seventeen third order factors is represented once within one of the second order factors.

The Creative Self reflects the way in which a person positively interprets the world within a social context. Included within the Creative Self are the five third order factors: thinking, emotions, control, positive humor, and work. According to Myers & Sweeney (2004), thinking involves the ability to be open-minded, curious, and creative, and to utilize thinking skills to successfully solve problems and manage stress. Emotions include the capacity to be aware of feelings and to possess the ability to both enjoy positive emotions and cope with negative emotions. Control reflects beliefs about competence in self and the ability to set goals, exercise choice, and to be direct in expressing needs. A positive sense of humor refers to the ability to laugh at mistakes, to objectively see the contradictions and peculiarity of life, and to use humor to accomplish tasks. Work refers to satisfaction with vocational choice, financial and job security, a feeling of being appreciated at work, adequate relationships with others, and the ability to cope with workplace stress.

The Coping Self refers to the way a person copes with life events and adjusts responses in order to rise above the negative effects. Myers & Sweeney (2004) identify four third order factors associated with the Coping Self: leisure, stress management, self worth, and realistic beliefs. Leisure consists of achieving a balance between work and free time, including activities that a person does in his or her spare time, his or her satisfaction with these activities, and the resulting positive feelings. It includes the ability to put work aside without feeling guilty. In addition to managing time and resources, stress management refers to a person's ability to self-regulate and to see change as an opportunity for growth rather than a threat to security. Self worth deals with a person valuing him or herself as an individual, accepting both the positive qualities and the imperfections, including physical appearance. Realistic beliefs involve an understanding of the imperfections in life, the realization that a person could not be loved by

everyone, the ability to perceive reality accurately, and the capacity to not be constantly ruled by what one should or ought to do.

The Social Self relates to how a person connects to others in relationships. Myers and Sweeney (2004) identify the third order factors of friendship and love within the Social Self. Friendship refers to a person's possession of adequate social skills and involvement in mutually supportive, trusting, empathic, and non-judgmental relationships. Love refers to the ability to be involved in a lasting committed relationship(s) characterized by respect, mutual concern for nurturance and growth, shared values, problem-solving ability, healthy communication, time together, and mutual appreciation.

The Essential Self, as defined by Myers and Sweeney (2004), refers to a person's essential meaning-making system and includes the third order factors of spirituality, gender identity, cultural identity, and self-care. Spirituality relates to one's personal beliefs and behaviors involving a higher power; hope and optimism; worship, prayer or meditation; purpose in life; moral values; and transcendence. Gender identity relates to one's satisfaction with their gender while cultural identity refers to one's satisfaction and feelings of acceptance within their culture. Self-care involves a person's responsibility for their own safety and preventative behaviors.

The Physical Self refers to the body features of exercise and nutrition. Myers and Sweeney (2004) describe exercise as "engaging in sufficient physical activity to keep in good physical condition; maintaining flexibility in the major muscles and joints of the body through work, recreation, or stretching exercises" (p. 14). Nutrition involves eating a balanced diet three times a day and maintaining a healthy weight.

In addition to the five second order factors and seventeen third order factors, Myers and Sweeney (2004) discuss the contextual systems in which a person lives. These include family, neighborhood, and community; social and political systems; culture, environment, and global events; and life span development. And finally, the IS-WEL model addresses life satisfaction, the extent to which a person is satisfied with life overall. Together, these factors and contexts create a holistic picture of a person's overall wellness that transcends a strictly health and disease prevention orientation and encompasses a psychological orientation, as well.

Alfred Adler and Individual Psychology

Adler's (1956) theory of Individual Psychology made several contributions salient to wellness paradigms. He rejected the notion of classifying individuals into categories of dysfunctional behavior, but rather sought to understand the uniqueness of each individual within the social context. Adler believed that individuals were always striving toward mastery and success in life based on their particular interpretation or meaning of excellence. He discussed the concepts of *life-style* and *social interest* that have particular relevance to the foundation of wellness.

Life-style, as the term is used in the theory of Individual Psychology, refers to the unity within each individual. This unity, also referred to as the ego, includes all expressions of an individual's personality (thinking, feeling, and acting) in both the conscious and subconscious realms. A person's life-style forms his/her overarching approach to life that remains consistent from childhood through the end of life, unless he/she becomes convinced that the approach is misguided and is, therefore, motivated to change. This idea of unity forms the basis of the Indivisible Self concept found in the Indivisible Self: An Evidence-Based Model of Wellness proposed by Myers, Luecht, & Sweeney (2004).

Social Interest, another concept fundamental to many wellness paradigms, refers to the degree of social feelings and co-operation that individuals exhibit in solving life's problems. The degree of social interest is consistent with life-style, and an individual experiences difficulty in solving social problems when he/she lacks the ability for co-operation and contribution. The idea of social interest, the degree to which a person can establish and maintain successful social relationships, is central to theoretical models of wellness and well-being.

Humanistic Psychology

Humanistic Psychology, with antecedents as far back as the dawn of Western Civilization in ancient Greece (Schneider, Bugental, & Pierson, 2001), emphasizes the search for understanding human potential and achievement. One of the most important assumptions underlying humanist psychology is that of positive growth. Rogers (1961) built his theory around a single concept he referred to as the actualizing tendency. For Rogers, this meant that all human beings possessed an internal motivation to strive to make the very best of their existence; mere survival was not enough. Rogers believed that individuals knew, and would pursue, what was best for them. He referred to this phenomenon as the organismic valuing process. Individuals valued positive regard (love, affection, nurturing, acceptance, etc.) and positive self-regard (self-esteem, self-worth, etc). Rogers saw positive growth as movement toward greater awareness, openness, trust in self, and creativity; and movement away from a self-esteem contingent on social approval and psychological defenses. Rogers believed that a counselor had to possess the qualities of congruence (genuineness and honesty), empathy (ability to feel what another feels), and respect (acceptance and unconditional positive regard) in order to be effective with clients all of which are qualities that are enhanced by higher levels of personal wellness.

Maslow (1968) proposed a need for self-actualization similar to that expressed by Rogers. Maslow believed that, once a person's basic deficit (physiological, safety, belonging, and esteem) needs were met, the individual became motivated to grow and become self-actualized. He studied a number of people whom he believed had achieved self-actualization and identified needs that constituted a happy life, including truth, goodness, beauty, wholeness, uniqueness, justice, simplicity, effortlessness, playfulness, self-sufficiency, and meaningfulness. While humanistic psychology has often been criticized for its lack of quantitative research, the positive psychology movement has sought to bridge the gap between Humanism and more mainstream psychologies (Sheldon & Kasser, 2001), while at the same time, maintaining a focus on what encourages well human beings.

Positive Psychology

Positive Psychology is a relatively new movement that focuses on the healthy aspects of people, specifically their strengths and resources, with an emphasis on factors that promote well-being (Seligman, 2003; Sheldon & Kasser, 2001; Snyder & Lopez, 2002). Seligman & Csikszentmihalyi (2000) note that two of the essential missions of psychology, making the lives of people better and nurturing genius, have not received as much attention as pathology over the years. As a result, current research is now turning toward the examination of positive personality traits, positive experiences, and positive institutions and communities (Seligman & Csikszentmihalyi, 2000). These themes are common to the issues and questions that humanistic psychologists have been exploring for years: however, positive psychology endeavors to bring stronger quantitative scientific methods to these studies. Research in positive psychology has examined a number of constructs, including life satisfaction, personality traits, positive

motivation, positive and negative emotions, environmental factors, and resiliency that promote well-being.

Life Satisfaction

In a study conducted by Park, Peterson, and Seligman (2004), a strong relationship between character strengths and life satisfaction, an aspect of wellness, was discovered. In their sample of 5,299 adults who completed the Values in Action Inventory of Strengths (VIA-IS) and the Satisfaction with Life Scale (SWLS), hope, zest, gratitude, curiosity, and love were most highly associated with life satisfaction. In a longitudinal study, Suldo and Hueber (2004) noted that adolescents who reported positive life satisfaction were less likely to develop externalizing behavior problems in the face of stressful life events. The authors concluded that increasing an adolescent's subjective well-being (SWB) and their life satisfaction in particular, could provide a protective effect against delinquent behavior. These findings were consistent with other research on the relationship between personality traits and well-being.

Personality Traits

Several personality traits and aspects of human nature have been studied as they relate to overall wellness. In the January 2000 issue of the American Psychologist, several predictors of well-being were examined, including optimism (Peterson, 2000); self-determination (Ryan & Deci, 2000); positive beliefs (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000); the development of intellect and talent (Lubinski & Benbow, 2000); and creativity (Simonton, 2000). Optimism was linked to effective coping skills, perseverance, achievement, and hopefulness (Peterson, 2000), characteristics that lead to improved wellness. In their extensive research on Self-Determination Theory (SDT), Ryan and Deci (2000) identified three psychological needs that, when met, facilitated optimal functioning and enhanced intrinsic

motivation, self-regulation, and personal well-being. These included the need for competence, relatedness, and autonomy. Taylor, et. al. (2000) found that positive beliefs, including optimism, personal control, and a sense of meaning acted as resources and protective factors for both mental and physical health. Exploring several lines of research, Lubinski and Benbow (2000) concluded that assessing individual differences within the theory of work adjustment (TWA) framework and focusing on strengths in order to develop an individual's talent facilitated positive development and well-being. Simonton (2000) reviewed the extensive research conducted in the area of creativity, including the cognitive processes involved, the characteristics of creative people, the development of creativity across the lifespan, and the social contexts that support it. Creativity is considered integral to optimal human functioning and is often encouraged to promote wellness.

Several virtues that contribute to character strength have been shown to contribute to overall well-being. "A virtue is defined as any psychological process that enables a person to think and act so as to benefit both him- or herself and society" (McCullough & Snyder, 2000, p.1). Hope (Snyder, 2000); self-control (Baumeister & Exline, 2000); forgiveness (McCullough, 2000); gratitude (Emmons & Crumpler, 2000); wisdom (Kramer, 2000); spirituality (George, Larson, Koenig, & McCullough, 2000); and love (Levin, 2000) have all been linked to positive effects on overall health and well-being. Seligman (2003) suggests that a meaningful life is one characterized by an individual who uses their strengths and virtues in the service of others.

Positive Motivation

Sheldon & Kasser (2001) have studied factors that positively or negatively affect people's attempts to make their lives better. Their work, rooted in positive motivation described by the humanists and self-determination theory (SDT) advanced by Edward Deci and Richard

Ryan (1985), uses *perceived locus of causality* (PLOC) constructs to understand the nature of healthy goal setting. PLOC represents a continuum of behavior ranging from completely extrinsically motivated to completely intrinsically motivated. Their findings indicate that people who are more intrinsically motivated, which corresponds well to the innate motives for curiosity and growth that have been proposed by humanistic psychologists, exhibit higher levels of well-being that, in turn, orient them toward experiences that satisfy their needs and help them grow positively. In their study of college students, Kasser and Ryan (1993) found higher levels of overall functioning and less depression and anxiety in intrinsically motivated students. Sheldon and Kasser (2001) report numerous other studies indicating that an intrinsic focus leads to greater positive affect, greater overall happiness and life satisfaction, greater openness to new experiences, higher self-esteem and fewer health problems. They note that these findings related to well-being have been replicated cross-culturally in Germany, Russia, and South Korea (Sheldon & Kasser, 2001). In addition, their research shows that people highly focused on intrinsic values exhibit more connection, cooperation, and healthy functioning in their relationships.

Positive and Negative Emotions

Positive emotions may also be related to increasing personal well-being. In her research on positive emotions (joy, interest, contentment, and love), Fredrickson (2001) asserted that positive emotions produce not only a pleasant momentary state, but also contributed to psychological growth and improved well-being over time. She advanced the *broaden-and-build theory* (Fredrickson, 2001) which states that "...positive emotions broaden the scopes of attention, cognition, and action and ... build physical, intellectual and social resources" (p. 220). So, not only do positive emotions broaden an individual's momentary thought-action repertoire,

they also build the individual's personal resources. Furthermore, Fredrickson notes that the broaden-and-build effect of positive emotions: positively impacts interpersonal relationships; corrects the effects of negative emotions; improves psychological resilience; and enhances emotional well-being (Fredrickson, 2001).

Lyubomirsky (2001) examined the psychological construct of happiness which she used interchangeably with well-being, to describe an enduring experience of joy, contentment, positive well-being, and satisfaction with life. Her own research, and a review of the literature, indicated that cognitive and motivational processes play an important role in maintaining and enhancing well-being. Specifically, her research confirmed that happiness is less dependent on objective circumstances and more influenced by the psychological processes that moderate these events. She noted that self-rated happy individuals are less sensitive to social comparison; more satisfied with their options; more likely to perceive and evaluate both positive and negative life events in a favorable and adaptive manner; and less likely to dwell on themselves, their moods, or the outcome of events (Lyubomirsky, 2001). Myers (2000) reported that happiness and life satisfaction are predicted by a supportive network of close personal relationships and a person's faith, hope, and purpose. His findings support the notion that happiness depends less on exterior factors and more on personal traits and quality of life. These constructs and how individuals cope with life circumstances relate specifically to the Creative, Coping, Social, and Essential factors of wellness as articulated by Myers & Sweeney (2004).

Salovey, Rothman, Detweiler, & Steward (2000) studied the influence of emotional states on physical health. Their findings included the following:

1. Negative emotional states were more often associated with unhealthy patterns of physiological functioning, while positive emotional states were more often associated

with healthier patterns of functioning. However, the health consequences associated with negative emotional states were mitigated by the person's ability to work through and manage them.

2. Negative and positive emotional states may affect people's willingness to seek medical care and may affect their ability to carry out health promoting behaviors.
3. Positive emotional states, such as humor and optimism, may facilitate healthy behavioral practices and information-seeking, as well as the ability to cope with illness-related stressors, thereby increasing the resilience people may need to face such events.
4. In addition, negative emotional states were more often associated with smoking, drinking, and binge eating.

Furthermore, individuals who maintained significant social supports were more likely to sustain their health under stressful situations than those who had minimal psychosocial resources (Salovey, et. al., 2000). Social support may lead to more positive feelings about self and the environment, and "...in turn, motivate people to want to take care of themselves, interact more positively with others, and demonstrate resilience in times of stress" (Salovey, et. al., 2000, p. 117).

Environmental Factors

In addition to individual factors, environmental factors and systems which promote well-being provide an important context in which to understand human behavior and functioning (Henry, 2003; Myers & Sweeney, 2004). Diener (2000) advocated for a national index of subjective well-being (SWB) based on the desire of Americans to balance various aspects of their lives including work, relationships, recreation, and spirituality. Diener and Seligman (2004) expanded on this idea and reported on the impact of organizational, corporate and

governmental policies that support well-being. After examining national and political factors, they concluded that, "...nations high in average well-being can be characterized as democracies with effective and stable governments, as well as societies high in social capital, are religious, and have strong economies with low rates of unemployment and inflation." (p. 7). Additional factors including income, work, physical health, mental disorders, and social relationships were also found to be important in promoting the wellness of people in society. While income seemed to be most important in terms of having basic needs met, having a job that is engaging and rewarding led to higher levels of job satisfaction resulting in higher productivity. Higher levels of self-reported health were related to well-being in an analysis of the research conducted by Okun, Stock, Haring and Witter (1994). However, even in the presence of illness, people could report high levels of well-being. Since mental disorders can contribute to lower levels of wellness, the authors suggested a dual treatment focus to alleviate the symptoms of the disorder and to increase well-being. And finally, since numerous studies have shown that social relationships are vital to well-being (Diener & Seligman, 2002; Lansford, 2000; Salovey, et. al. 2000), the authors suggest policies that encourage, promote, and support these relationships (Diener & Seligman, 2004).

Resiliency

Resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances (Masten, Best, & Garmezy, 1990). Wolin & Wolin (1993) articulate seven resiliency factors including insight, independence, connectedness in relationships, initiative, creativity, humor, and morality. These factors, along with factors found in the following research, share many commonalities with factors related to wellness.

Protective factors which contribute to resiliency provide us with a guide to individual characteristics and environmental conditions that support successful adaptation to challenging situations, such as counseling. One study categorized resiliency factors in five clusters (Werner, 1992). The first cluster includes temperamental characteristics of the individual that help to cultivate positive responses from a range of people such as partners, parents, friends or teachers. The second cluster is the individual's "skills and values that led to an efficient use of whatever abilities they had" (p.265). The third cluster is comprised of parenting styles and characteristics that nurture self-esteem and competency in children. Cluster four is made up of the extended community of people who mentor the individual and are instrumental in providing support. The last cluster consists of personal growth opportunities during life transition periods, which enhance development and self-esteem.

Another study on resiliency outlines three categories of protective factors: individual, family and community (O'Gorman, 1994). Individual factors relate to health, problem-solving ability, empathy, ability to be flexible and self-esteem. Some of the protective family factors include positive family relationships, nurturing environment and extended family, and clear boundaries. Several community factors named are positive role models, positive educational experiences and close relationships.

Yet another study on resiliency describes several factors or characteristics of resilient people that include reframing negative experiences, taking responsibility for one's actions, utilizing one's own strengths, building an efficient circle of supportive people, having a sense of hope and purpose in life, a sense of humor, and strong self-esteem (Burggraf & Casado, 1997).

Yeager (2003) looked at teachers who had remained motivated, inspired, and excited about their careers over the years. She determined that remaining motivated and satisfied with

ones job involves resiliency. Developing internal protective factors such as good decision-making skills, ability to form positive relationships, a sense of humor, an internal locus of control, a positive view of the future, flexibility, self-motivation, and feelings of self-worth and self-confidence all contribute to a high level of motivation and job satisfaction. In addition, external protective factors such as the ability to promote close bonds with others, use a high-warmth style of interaction, set and enforce clear boundaries, share responsibilities, provide leadership, and appreciate the unique talents of others provides a buffer to offset the impact of stressful events.

Across the resiliency literature, a theme emerges suggesting that responses “to stress are influenced by appraisal of the situation and by the capacity to process an experience, attach meaning to it, and to incorporate the experience into one’s belief system” (Jew, Green, & Kroger, 1999, p. 76). Promoting resiliency involves encountering stressful situations in a way that allow a person to experience mastery and appropriate responsibility, thus increasing feelings of self-confidence and competence. The literature suggests that resilient people cope with stress better because they are able to draw upon and use specific skills and abilities in stressful situations. The protective factors that encompassed the skills and abilities identified throughout the resiliency literature share qualities in common with factors related to wellness.

Research on Wellness

Research on wellness has been conducted with a variety of populations across the life span and has consistently shown that several identified factors contribute to a person’s overall well-being. Several studies have shown that greater wellness contributes to increased psychological well-being, enhanced cultural identity, improved health, greater job satisfaction, and reduced stress and anxiety that can lead to burnout and impairment.

Wellness in children has received little attention in the research literature. Omizo, Omizo, and D'Andrea (1992) advocated for counselors to assist children in developing a wellness mindset needed to cultivate a healthy and satisfying life. In their study of 62 fifth grade students, the authors found that classroom guidance activities directed at promoting wellness resulted in higher self-esteem and knowledge of wellness. More recently, the focus on wellness has concentrated on the prevention of mental and physical health problems in children such as depression (Herman, Merrell, Reinke, & Tucker, 2004); eating disorders (Steck, Abrams, & Phelps, 2004); and asthma (Bray, Kehle, Peck, Theodore, & Zhou, 2004).

Hartwig & Myers (2003) discuss the value of incorporating a wellness paradigm in the treatment of delinquent adolescent females, rather than pathologically focused interventions, in order to enhance strengths and develop skills. Wellness is promoted as a model for violence prevention by Makinson & Myers (2003) in order to support holistic health and build on strengths. Myers (2003) proposes that wellness models may be beneficial as a family-based caregiver intervention to facilitate stress management and increase family strengths.

In a study of 462 minority and non-minority adolescents in the southeast, Dixon and Myers (2004) found that acculturation, and in particular mattering (feelings that one is important to others) predicted wellness in both groups. However, ethnic identity, not acculturation or mattering, most strongly predicted wellness for the minority group and there were no significant predictors for wellness for the non-minority group, only. Conversely, in a study of 208 Korean-American adolescents, Chang (1998) discovered a positive relationship between ethnic identity, acculturation and wellness. In addition, Mitchell (2001) found a positive relationship between wellness, academic self-concept, and acculturation in Caribbean American adolescents.

Rogers (2001) reported that the implementation of a wellness model with native families in Turtle Island over the past 12 years reduced negative coping strategies and increased healing among these families. Rogers conceptualizes wellness using a basket as a metaphor for self:

To heal, we remove the “stuff” in our basket that is weighing it down. This removal is sometimes difficult and painful work. However, once removed and cleansed, we can begin filling our basket with “good things,” openness and a life purpose. We have begun to mend the hoop – not only for ourselves but for our families and communities (p. 1513).

In order to achieve this goal, Rogers implemented a wellness model composed of four components: physical wellness, mental wellness, emotional wellness, and spiritual wellness. In another study, Garrett (1999) found no differences in wellness between Native American and non-Native American high school students; however, he did report that cultural identity was an important factor in a person’s overall wellness.

Hermon & Hazler (1999) found that the ability to self-regulate, identity with work, and friendships contributed most to psychological well-being in a study of college students. In their study of 155 undergraduate college students, a significant relationship was found between the five dimensions of wellness on the Wellness Evaluation of Lifestyle (WEL) Inventory and both short-term state and long-term trait constructs of psychological well-being. In a study of 100 undergraduate students, Granello (1999) found a relationship between students’ perceptions of their happiness and wellness and their self-reported wellness scores. However, he did not find a relationship between wellness levels and social support networks or empathic ability.

Dolbier, Soderstrom, & Steinhardt (2001) determined that self-leadership was positively related to higher psychological functioning, greater perceived wellness and less perceived stress

in university students. In assessing self-leadership, the authors adopted the Core Wellness Scale which assesses individual perceptions of a secure sense of one's core self. The concept of the core self is necessary in order to facilitate and obtain optimal wellness. This concept is consistent with contemporary wellness models. Smith, Myers, & Hensley (2002) reported that college students placed a higher emphasis on lifestyle planning when a wellness model was incorporated into a Career and Life Planning course.

Myers and Bechtel (2004) conducted a study with first year cadets at West Point, examining the relationships between wellness, perceived stress, and mattering. Participants completed the Wellness Evaluation of Lifestyle (WEL), the Perceived Stress Scale, and the General Mattering Scale and were compared to a norm group of undergraduate college students. The cadets scored highest in the areas of social support (friendship and love) with friendship being the highest, physical wellness (exercise, nutrition and self-care), and humor and scored lowest in the area of work wellness. A significant positive relationship was found between mattering (feeling that one is important to others) and seventeen out of the nineteen WEL scores. A significant negative relationship was found between perceived stress and wellness in the areas of work, realistic beliefs, and stress management. The cadets scored higher in all areas of wellness when compared to the norm group except in the area of work wellness.

Lawler and Younger (2002) found that higher levels of existential spirituality, an aspect of wellness, were related to better psychological mood, reduced perception of stress, and fewer somatic symptoms of illness in a sample of 80 adult participants. They concluded that, "spirituality and involvement in organized religion may represent a means to increase the sense of purpose and meaning in life, which is related to greater resiliency and resistance to stress-related illness" (p. 347). Improving "quality of life", a concept related to wellness that includes a

set of factors which impact an individual's ability to conduct life in a meaningful way, was shown to be effective in the long term treatment of anxiety and depression in patients who suffered impaired functioning (Meltzer-Brody & Davidson, 2000). They advocate wellness as a high endstate treatment outcome in this population. In addition, a lack of wellness and higher levels of stress can contribute to somatic complaints that may increase the problem of burnout. Degges-White, Myers, Adelman, & Pastoor (2003) found that compromised overall wellness and higher levels of stress were contributing factors in a group of 60 persons with chronic headaches.

In addition to psychological well-being and health, the relationship between wellness as it relates to job satisfaction is also well-documented in the literature. Rush, Schoel and Barnard (1995) found that "psychological hardiness" which shares common characteristics with wellness, had a negative impact on stress and a direct positive impact on job satisfaction. They examined the effects of an environmental stressor, i.e., pressure for change, and psychological resiliency in the public sector. Their construct of "Hardiness" has much in common with wellness models. Hardiness is comprised of three interrelated dispositions that lead to adaptive interpretations of stressful events: control, indicating that one is influential rather than helpless; commitment, indicating that one involves oneself in meaningful life activities; and a sense of challenge, indicating a belief that change is an incentive for growth rather than a threat to security (Rush, Schoel, & Barnard, 1995). They found strong support for the counteracting effects of employee Psychological Hardiness on job satisfaction and intentions to quit public sector employment.

Other studies support these findings. Connolly & Myers (2003) conducted a study with 82 employees and determined that wellness was a strong predictor in job satisfaction. In a study of corporate employees, Dolbier, Soderstrom, & Steinhardt (2001) reported that self-leadership was related to greater perceptions of work satisfaction, enhanced communication, effective work

relationships, greater perceived wellness and less work stress. Keyes, Hysom, and Lupo (2000) noted a positive relationship between employee well-being and several business outcomes particularly when leadership was promoted. In an examination of leadership, Lloyd (2000) identified four aspects of human nature that contributed to positive leadership consisting of the cognitive, emotional, spiritual, and physical aspects. The components within these aspects of human nature that inspired positive leadership included commitment, courage, dignity, healthy control, choice, decision, will to action, responsibility, freedom, challenge, personal meaning, authentic community, communication, social support, and faith. Leadership increased one's satisfaction with work and one's sense of control, aspects included in wellness models and considered essential to overall well-being.

Wellness in Counselor Education Programs

While the literature supports the overall benefits of wellness and well-being, few studies exist that examine the influence of wellness in counselor education programs. Of the studies that do, Brooks (2000) found that self-acceptance and loving were positively related to spiritual well-being in substance abuse counselors and that enhancing counselors' spiritual well-being may help prevent occupational stress and burnout. Chandler, Bodenhammer-Davis, Holden, Evenson, & Bratton (2001) found biofeedback-assisted relaxation to be an effective stress-reducing intervention for counselor trainees which resulted in a greater sense of well-being. Sanders (1998) examined irrational beliefs and wellness in counselors in training and discovered a significant difference between beginning and advanced trainees in overall wellness. Her results indicated that as counselors in training become more aware of self and others, they become more autonomous as evidenced by their scores on the Irrational Beliefs Test and the Lifestyle Assessment Questionnaire.

O'Halloran & Linton (2000) suggest incorporating wellness activities into a prevention plan that assists counselors in maintaining their psychological and physical health while they are treating clients that may have been traumatized. They believe that implementing self-care strategies is vital in maintaining an effective counseling practice. Otherwise, counselors run the risk of burnout which could lead to a diminished ability to act in a manner that promotes the well-being of others (Stebnicki, 2000).

The integration of spirituality as a developmental process and core component of wellness in counselor education has been advocated by several researchers (Ingersoll, 1998; Matthews, 1998; Myers & Williard, 2003; and Rybak & Russell-Chapin, 1998). Cross-cultural research on dimensions of spiritual wellness conducted by Ingersoll (1998) resulted in the identification of ten universal aspects of spiritual wellness that tend to transcend particular religious creeds, including conception of the absolute or divine; meaning; connectedness; mystery; sense of freedom; experience-ritual-practice; forgiveness; hope; knowledge-learning; and present-centeredness. Matthews (1998) proposed the integration of wellness models with wounded healer models based on the model of spiritual wellness by Chandler, Holden and Kolander (1992). That is to say, instead of striving for optimum functioning, counselors should strive for authenticity in their growth and development and to deal with problems as they occur. "The result, then, of both their professional training and personal development is that they are able to help others with their problems and encourage their growth and development" (p. 9).

In addition, Myers and Williard (2003) advocated for the inclusion of spirituality within a wellness paradigm in counselor education programs. Wellness classes based in philosophical and spiritual traditions have also been advocated by Rybak and Russell-Chapin (1998). In their highly experiential courses that blend both Eastern and Western wellness models, students

engaged in a highly creative process aimed at deepening their inner resources and facilitating wellness and personal growth.

Most wellness models place an emphasis on meaning and purpose in life (Hettler, 1984; Witmer & Sweeney, 1992; Zimpfer, 1992). In a review of the literature, Savolaine and Granello (2002) looked at meaning and purpose, an aspect of spiritual development, as it relates to individual wellness. They noted several areas in which meaning and purpose were related to wellness and beneficial to counseling practice. These include inspiring a sense of personal values; contributing to a sense of identity; initiating and maintaining positive habits; increasing social contact and connectedness; increasing the ability to make sense out of life experiences; increasing the ability to handle stress; increasing general life activity; and increasing feelings of hopefulness. While these benefits might assist in enhancing counselor wellness, the authors did not discuss this in particular. Robinson and Kennington (2002) presented a model of psychological resistance for women that focused on establishing meaning and purpose in their lives. The seven principles, based on Nguzo Saba's work, include unity with others; self-determination; collective work and responsibility; cooperative economics; purpose and mission; creativity; and faith. These principles, in one form or another, may be found in contemporary wellness models and may be useful in facilitating counselor wellness.

Summary

Wellness and well-being have strong theoretical foundations throughout the psychology and counseling literature. From Alder's holistic view of the individual within a social context to the humanistic psychologist's belief in positive growth, the focus on mind, body, and spirit as equally essential aspects supporting human growth and development has offered a solid basis for wellness models that seek to describe the fully functioning individual. Current research in the

field of positive psychology has identified a number of factors consisting of personality traits, positive experiences, and positive environments that contribute to overall well-being. Personality traits such as hopefulness, self-control, wisdom, optimism, forgiveness, gratitude, high self-esteem, humor, creativity, self-determination, positive beliefs, competence, and autonomy; experiences of meaning and purpose in life, positive motivation, and increased life satisfaction; and supportive relationships and communities enhanced overall wellness in a number of studies. Positive emotions, such as happiness, joy, and contentment, were shown to play a powerful role in regulating an individual's psychological and physiological functioning. Protective factors associated with individual temperament, family, and community identified throughout the research on resiliency share qualities in common with factors described in various wellness models.

In addition, the research clearly demonstrated the benefits of a wellness, strength-based approach to enhancing human functioning. Increased levels of wellness are associated with higher self-esteem and prevention of health problems in children, and with enhanced academic self-concept, cultural identity, and skill development in adolescents. Significant relationships have been found between several aspects of wellness and increased psychological well-being, mattering, improved quality of life, enhanced job satisfaction, less perceived stress, less depression and anxiety, and fewer somatic symptoms of illness.

The counseling profession has long advocated for a focus on health and wellness. Wellness models rest on a strong theoretical foundation and have been well researched in a number of areas. Even so, wellness has remained an elusive component of counselor education programs and it remains unclear as to whether counselor education programs promote increased levels of wellness in their students. In 1991, Myers advocated for a wellness paradigm in

counselor education that incorporated "...a developmental emphasis stressing prevention, the phenomenon of choice, and the optimization of human functioning" (Myers, 1991, p. 187).

Furthermore, Witmer and Young (1996) encouraged change on both the individual and organizational level in counselor education programs in order to promote counselor wellness.

Nonetheless, the paucity of research in this area indicates that counselor education programs are still a long way from an empirical understanding of the influence of counselor education programs on counselor wellness, the effect of counselor wellness on client outcome, and the impact of wellness on the counseling profession as a whole.

CHAPTER THREE: METHODOLOGY

The purpose of this research is to empirically test trends in the self-reported wellness levels of master's level students at three points (beginning, middle and end) in their counselor training. This chapter describes the general research hypotheses, research design and limitations, research participants, sampling procedures, sample size, instrumentation, data collection procedures, and data analysis.

General Research Hypotheses

Null Hypothesis

There is no trend in self-reported levels of wellness from master's level counseling students at the beginning of their training in counselor education to students at a midpoint in their training and to students at the end of their training.

Hypothesis one

There is a trend toward higher self-reported levels of wellness in master's level counseling students at the end of their training in counselor education than in students at a midpoint in their training and students at the beginning of their training. The longer a student remains in a counselor education program, the higher his/her level of self-reported wellness.

Hypothesis two

There is a trend toward lower self-reported levels of wellness in master's level counseling students at the end of their training in counselor education than in students at a midpoint in their training and students at the beginning of their training. The longer a student remains in a counselor education program, the lower his/her level of self-reported wellness.

Hypothesis three

There is a trend toward higher levels of self-reported wellness in master's level counseling students at the beginning and end of their training in counselor education than in students at the mid-point in their training.

Research Design and Limitations

This study is cross-sectional and surveys students at three points in their master's level counselor training program: beginning (1-12 completed semester hours); middle (18-30 completed semester hours); and end (42-60 completed semester hours) on an instrument that measures levels of wellness. Because this study is a static group comparison and compares three different groups of students at different points in their training, rather than the same group of students over time at each of the three points, it had several limitations (Campbell & Stanley, 1963). Any results that indicate a significant trend in levels of wellness based on time in a counselor education program in a cross sectional study would warrant further investigation. It is not known if differences would emerge if the same students were compared over time. The students represent a convenience sample, rather than a random sample of the population of students. Furthermore, there is no formal means of certifying that the groups would have been equivalent on levels of wellness had it not been for the counselor education program. Differences in the three groups might have been due to the differential drop-out of persons from the groups, i.e., people who were less oriented toward wellness might have dropped out of a demanding master's degree program due to stress, anxiety, or burnout, leading to a higher representation of those whose wellness was initially high in the later stages of counselor training.

It is also possible that some students self-reported higher wellness than they actually possessed in order to be perceived in a better light. This phenomenon, known as social

desirability, refers to the degree to which people describe themselves in socially acceptable terms in order to gain the approval of others (Crowne & Marlowe, 1964). Additionally, as Zerbe and Paulhs (1987) point out, this concern is greater with self-report measures. Counseling students, who are familiar with healthy and unhealthy behaviors, might report what they think they should do rather than what they actually do.

Finally, with a cross-sectional study, one cannot infer causation and can only determine that a significant difference between the groups may indicate a relationship between time in a counselor education program and the level of wellness of counseling students. A longitudinal study, which measures the same students at various points as they progress through the master's program, would address many of the limitations of the current study and might infer causation as to whether or not counselor education programs promote wellness.

Participants

The research participants were students enrolled in master's level counseling programs at three universities located in the southeastern United States. Two of the universities were located in the state of Florida and one was located in Mississippi. The data was collected during the first part of fall semester which was hurricane season in Florida. Typically, hurricanes did not affect the central Florida region where the data was collected: however in 2004, the area was hit by three hurricanes during the time data was gathered.

All three universities were accredited by the Council for Counseling and Related Educational Programs (CACREP). CACREP grants specialized accreditation to counselor education programs in the United States, ensuring that these programs are committed to academic excellence and have met professional standards consistent with providing a high quality educational experience for counseling students. The students were enrolled in mental

health, school, marriage and family, or community counseling program tracks. The participants for the study were selected because they represent a population of interest and were compared on a measure of wellness thought to be related to group membership. Including three unrelated programs, representing a variety of faculty and student experience, allowed for greater generalizability of study results.

Sampling Procedures and Sample Size

A sample of counseling students at three points in their master's level counseling program was selected by contacting faculty at the three universities. Students were grouped as beginning their program (0-12 completed semester hours), at a mid-point in their program (18-30 completed semester hours), or at the end of their program (45-60 completed semester hours). Beginning students were identified as those who attended new student orientation or an Introduction to Counseling course because most beginning students attend these during the first 12 semester hours of their program. Students at a mid-point were identified as those who attended a yearly orientation or who were enrolled in Practicum classes because these typically occur at the beginning of the second year of training when students are at a mid-point in their program. Students at an end point in their training were identified as those who were enrolled in their Internship classes because most students take internship at the end of their program just prior to graduation.

The total sample size was 204 (N=204), with 86 students in the beginning group, 52 in the mid-point group, and 66 in the ending group. For a study with three independent variables (groups of students) and six dependent variables (wellness scores from the 5F-Wel), Hair, Anderson, Tatham & Black (1998) recommend 38 per group for a large effect size and 66 per group for a medium effect size in order to achieve a statistical power of .80 in MANOVA.

Instrumentation

Five Factor Wellness Inventory (5F-Wel)

The Five Factor Wellness Inventory (5F-Wel), based on the revised Indivisible Self Model (IS-WEL), was used instead of the Wellness Evaluation of Lifestyle (WEL) at the recommendation of the instrument's author, Dr. Jane Myers. The 5F-Wel includes 91 items (73 scored and 18 experimental items) scored on a 5-point Likert Scale on scales for Total Wellness, five second order factors of the Self (Creative, Coping, Social, Essential and Physical), and seventeen third order factors. The 5F-Wel is based on the Indivisible Self model (IS-WEL) which represents the areas of wellness originally hypothesized by Myers, Sweeney, & Witmer (2000). These third order factors group within the five second order factors and include the Creative Self (thinking, emotions, control, work, positive humor); the Coping Self (leisure, stress management, self-worth, realistic beliefs); the Social Self (friendship, love); the Essential Self (spirituality, gender identity, cultural identity, self-care); and the Physical Self (nutrition, exercise). The model is ecological in that it includes local (safety), institutional (politics and laws), global (world events), and chronometrical (life span) contexts. The 5F-Wel also contains nine demographic questions related to marital/relationship status, employment status, student status and educational levels, biological sex (gender), biracial status, cultural background, and sexual/affectional orientation.

Higher scores on the 5F-Wel are designed to reflect greater wellness. Scores are provided for the seventeen third-order factors, the five second-order factors, and the higher order wellness factor which is calculated as the sum of scores on all items. Scale scores are computed by averaging the item-level scores within each scale and then multiplying by 25. This places all the scale scores on a common metric ranging from 25 to 100 (Myers, Luecht, & Sweeney, 2004).

Alpha coefficients of .90 for Total Wellness; .92 for the Creative Self; .88 for the Essential Self and Physical Self; and .85 for the Coping Self and Social Self have been reported by Myers & Sweeny (2004) in a sample of 2,093 persons. Third order factors have alphas that range from .70 to .87 except for Self Care (.66) and Realistic Beliefs (.68). Their sample included 52% males and 48% females ages 18-101. Fifty-two percent (52%) were Caucasian, 29% African American, 4.3% Asian Pacific Islander, and 3.2% Hispanic. The sample included 11.8% with less than a high school education, 39% with a high school education, 12% with a bachelor's degree, and 13.4% with a master's or doctoral degree.

The 5F-Wel was developed using structural equation modeling yielding wellness as a single higher order factor comprised of identifiable sub-components that include the five second order factors, the seventeen third-order factors and the contextual factors. These factors are included in the IS-WEL model. The authors report evidence of convergent and divergent validity of the scales relative to ethnic identity, acculturation, body image, self-esteem, spirituality, moral identity, social interest, academic self concept, mattering, life satisfaction, and gender role conflict from use of the 5F-Wel in numerous studies (Myers & Sweeney, 2004). In addition, Hattie, Myers, and Sweeney (2004) examined validity by selecting several instruments that claim to measure characteristics of wellness similar to the 5F-Wel and administered these instruments over a 4 year period to 299 graduate students in counseling courses. Correlations ranging from .28 to .74 ($p < .05$ or $p < .01$) were reported on the third order factors using the Testwell, based on Hettler's (1984) wellness model; the CRI, Coping Responses Inventory; the MPD, Measures of Psychosocial Development; the ISAC, Inventory of Self Actualizing Characteristics; and DCT, Developmental Counseling and Therapy.

Demographic Questionnaire

The author developed an eight item demographic questionnaire that collected information on age; primary program track (mental health, school, marriage and family, or community counseling); number of graduate hours completed in program; geographic location of school; whether or not the program was CACREP-accredited; whether or not the program had a wellness course; whether or not the program required personal counseling; and an open-ended question that asked, “What, if anything, have you learned in your counseling coursework that has helped you develop knowledge and skills regarding your personal wellness?” These questions were designed to elicit information concerning additional variables that might account for differences in wellness levels.

Data Collection Procedures

This cross-sectional study investigated the influence of counselor education programs on counselor wellness. Each research participant completed a consent form (Appendix C), a demographic questionnaire (Appendix D) and the 5F-Wel assessment. Students at two of the universities received verbal instructions in addition to the written instructions on the assessment, while faculty (Appendix E) and students (Appendix F) at one university received these instructions in writing. In order to increase both student and faculty participation in completing the surveys, students were offered the opportunity to receive their confidential scores on the 5F-Wel by writing down and keeping their identification number. The profile forms, sealed in an envelope and identified only by number, were returned to each institution for those students who chose to retrieve them.

Students at the three universities were identified as beginning their programs (0-12 completed semester hours), at a mid-point in their program (18-30 completed semester hours) or

completing their program (42-60 completed semester hours) according to the sampling procedures described above, by contacting faculty at each institution. Faculty permission was obtained to survey students during orientation at two universities. Because the orientation at one of the universities included all students in the program, all three groups (beginning, middle, and end) completed the survey during their orientation. The purpose of the study was explained, consent forms were signed, demographic data was collected, and the 5F-Wel was administered. With faculty permission from one university, practicum classes were used to collect data from students at a mid-point in their training. The purpose of the study was explained, consent forms were signed, demographic data was collected, and the 5F-Wel was administered. Also with faculty permission from the same university, students in the Internship classes were surveyed to collect data from students at the end of their training. The purpose of the study was explained, consent forms were signed, demographic data was collected, and the 5F-Wel was administered.

For the participating university outside the state of Florida, a faculty member at that university agreed to collect data in the manner and sequence described above. The faculty member assisted in identifying students at the beginning, middle, and end of their training. Students at the beginning of their training were enrolled in the Introduction to Counseling course, students at a mid-point in their training were enrolled in Practicum, and students at the end of their training were enrolled in Internship. Individual packets were prepared for each student including instructions for students, a consent form, a demographic questionnaire, and the 5F-Wel. These packets were mailed via Federal Express to the faculty member with instructions for faculty. Students completed the packets, returned them to the faculty, and the packets were mailed back via Federal Express.

The informed consent, demographic questionnaire and the 5F-Wel instrument took about 20 minutes to complete and all participants completed the test instruments during the first few weeks of the Fall 2004 semester to allow measurement of wellness at consistent starting points. Data collected from the combined demographic questions included age; gender; race; relationship status; employment status; emphasis in counseling (school, mental health, marriage and family, or community); number of semester hours completed in the counseling program; a question asking whether or not their program had a wellness course; a question asking whether or not their program required personal counseling; and an open-ended question that asked, “What, if anything, have you learned in your counseling coursework that has helped you develop knowledge and skills regarding your personal wellness?”

Data Analysis

Data was analyzed using a monotonic trend analysis in the SPSS Multivariate Analysis of Variance (MANOVA) program to answer the question of whether master’s level counseling students report higher levels of wellness as they progress through a counseling program. This type of analysis was used by Granello (2002) in her investigation of broad differences in cognitive development among counseling students at different levels in their program. Trend analysis allowed the consideration of the overall trend in the means of the three groups of students; those at the beginning of their program (0-12 completed semester hours); at a midpoint in their program (18-30 completed semester hours); and at the end of their program (42-60 completed semester hours). In addition to noting observed differences between groups, the trend analysis indicated whether or not the means of dependent variables (levels of wellness as measured by the 5F-Wel) increased as the level of the independent variables (groups of students at the beginning, middle or end of their counseling program) increased. Because the intervals

between groups were unequal, the trend analysis was monotonic. As a result, the data analysis could only indicate that, as the independent variable increased, the level of the dependent variables changed in one direction or the other, but could not determine how much they changed (Keppel & Wickens, 2004).

In order to answer the questions related to the influence of demographic variables, univariate analyses of variance (ANOVAs) were performed that used time in a counselor education program and several demographic variables (gender, culture, whether or not the program offers a wellness course, and whether or not the program requires personal counseling) as independent variables and total wellness as the dependent variable.

Summary

This chapter describes the methodology applied to test the research hypotheses. In this cross-sectional study, research participants from three southeastern CACREP-accredited universities were surveyed at three points in their counselor education training to empirically investigate trends in their self-reported levels of wellness. All data was collected during the first few weeks of the Fall 2004 semester and analyzed using a monotonic trend analysis and univariate analyses of variance (ANOVAs). The results of this study provided information regarding the influence of counselor education programs on counselor wellness.

CHAPTER FOUR: FINDINGS

This chapter presents the statistical procedures including a description of the study participants describing their demographic profile, descriptive statistics, and results of the data analyses and the testing of the research hypotheses.

Sample Demographic Profile

Students were recruited from master's level counseling programs at three CACREP-accredited Universities located in the southeastern United States. Two hundred and fifteen students were identified and given surveys. Of these 215 surveys, eight were not used due to incomplete or missing data, and three were not used because the participants did not fit into one of the three groups. Among the 204 remaining survey respondents, 86 were included in the beginning group, 52 in the mid-point group, and 66 in the ending group. Of those, 30 were male and 174 were female (Table 1) ranging in age from 21-58. Because all participants were enrolled in a graduate degree program, all of them held at least a bachelor's degree. Four primary program tracks were identified with 62 participants enrolled in the mental health counseling program track, 82 in the school counseling program track, 36 in the marriage and family program track, and 24 in the community counseling program track (Table 2).

Table 1: Summary of student gender for each group

Gender	Beginning N	Mid-Point N	End-Point N
Male	7	9	14
Female	79	43	52

Table 1 presents the number of males and females comprising each group.

Table 2: Summary of student program track for each group

Program Track	Beginning N	Mid-Point N	End-Point N
Mental Health Counseling	22	13	27
School Counseling	36	23	23
Marriage and Family	13	13	10
Community Counseling	15	3	6

Table 2 presents the program track of the students comprising each group.

Three respondents did not complete the question regarding marital status. Of the 201 that did respond, 81 were married or partnered, 99 were single, 2 were separated, 18 were divorced, and 1 was widowed (Table 3). Four participants did not complete the question regarding their employment status. Of the 200 that did respond, 116 were working full-time, 43 were working part-time, 2 were retired and not working, 1 was retired and working part-time, and 38 were not working at all (Table 4).

Table 3: Summary of student marital status for each group

Marital Status	Beginning N	Mid-Point N	End-Point N
Married or Partnered	26	21	34
Single	53	21	25
Separated		1	1
Divorced	5	9	4
Widowed	1		

Table 3 presents the marital status of the students comprising each group.

Table 4: Summary of student employment status for each group

Employment Status	Beginning N	Mid-Point N	End-Point N
Full-Time	53	37	26
Part-Time	18	9	16
Retired, not working			2
Retired, working			1
Part-time			
Not working	13	6	19

Table 4 presents the employment status of the students comprising each group.

Two respondents did not complete the question regarding cultural background. Of the 202 that did respond, 1 was Native American, 5 were Asian or Pacific Islander, 57 were African

American, 122 were Caucasian, and 17 were Hispanic (Table 5), with 11 reporting they were biracial (Table 6).

Table 5: Summary of Cultural Background of students in each group

Cultural Background	Beginning N	Mid-Point N	End-Point N
Native American		1	
Asian / Pacific Island	1	1	3
African American	31	19	7
Caucasian	46	30	46
Hispanic	7	2	8

Table 5 presents the cultural background of the students comprising each group.

Table 6: Summary of biracial students in each group

Biracial	Beginning N	Mid-Point N	End-Point N
Yes	3	3	5
No	82	49	59

Table 6 presents, by group, the distribution of students who identified themselves as biracial.

Two additional questions were asked to assess the possible influence of a wellness course and required personal counseling on the self-reported wellness levels of students. In response to the question, “Does your program have a wellness course,” 97 answered yes and 107 answered

no. In reply to the question, “Does your program require mandatory personal counseling,” 127 answered yes and 77 answered no.

A third, open-ended question, “What, if anything, have you learned in your counseling coursework that has helped you develop knowledge and skills regarding your personal wellness?” was included to obtain additional qualitative information regarding the influence of counselor education programs on counselor wellness. As would be expected, this question was most often answered by students at the middle or end of their training. Some of these responses will be included in the discussion of results in the following chapter.

Descriptive Statistics

Self-reported levels of wellness were the dependent variables and time in program (students at a beginning, middle or end-point) was the independent variable in this study. Additional demographic items were independent variables in subsequent analysis.

Table 7: Time in counselor education program and mean wellness scores

Descriptive Statistics			
Wellness Levels	Beginning	Mid-Point	End-Point
N	86	52	66
Total Wellness	80.44 (7.55)	81.57 (7.64)	80.71 (7.05)
Creative Self	82.12 (9.08)	82.25 (8.21)	82.45 (7.90)
Coping Self	76.30 (9.67)	77.28 (9.30)	76.96 (7.59)
Social Self	90.33 (9.62)	89.06 (13.18)	90.84 (9.23)
Essential Self	85.39 (9.45)	87.74 (8.46)	84.18 (9.49)
Physical Self	69.07 (15.45)	72.53 (16.91)	70.71 (15.94)

Table 7 presents the descriptive statistics for time in a counselor education program and mean wellness scores for Total Wellness, and each of the five factors, the Creative Self, the Coping Self, the Social Self, the Essential Self, and the Physical Self.

Figure 1 graphically presents the means for each group for Total Wellness, and each of the five factors, the Creative, the Coping, the Social, the Essential, and the Physical Self.

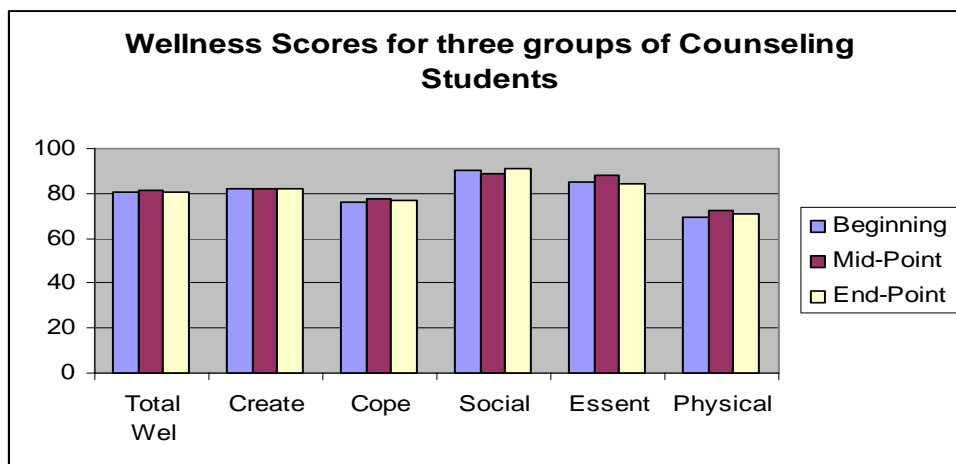


Figure 1: Wellness scores for three groups of counseling students.

Students in all three groups reported high levels of Total Wellness (M=80.82, SD=7.39). Students reported higher overall levels of wellness for the Social Self (M=90.17, SD=10.49) and Essential Self (M=85.60, SD=9.28) factors. Students reported lower overall levels of wellness for the Physical Self (M=70.48, SD=15.97) and the Coping Self (M=76.76, SD=8.91) factors. Interestingly, mean scores on the five second-order factors of wellness for counseling students were just slightly higher than the mean scores reported by Hattie, Myers, & Sweeney (2004) for the population of 3,043 used in their recent factor analysis.

Table 8: Time in program with wellness course offering and Total Wellness scores

Dependent Variable: Total Wellness						
Wellness Course		Yes			No	
Grouping	Mean	Std. Dev	N	Mean	Std. Dev	N
Beginning	83.65	6.26	40	77.66	7.53	46
Mid-Point	82.52	6.55	21	80.93	8.34	31
End-Point	81.08	6.73	36	80.27	7.51	30

Table 8 presents the descriptive statistics with time in a counselor education program and wellness course offering as the independent variables and Total Wellness Scores as the dependent variable.

Table 9: Time in program with personal counseling requirement and Total Wellness scores

Dependent Variable: Total Wellness						
Require Personal Counseling		Yes			No	
Grouping	Mean	Std. Dev	N	Mean	Std. Dev	N
Beginning	79.57	8.11	64	82.99	4.94	22
Mid-Point	80.95	8.37	39	83.44	4.57	13
End-Point	82.20	8.09	24	79.86	6.34	42

Table 9 presents the descriptive statistics with time in a counselor education program and requirement for personal counseling as the independent variables and Total Wellness Scores as the dependent variable.

Statistical Analyses

The assumptions of ANOVA were tested prior to each analysis. In every case, homogeneity of variance was tested and the assumption was not violated. Reliability of this data set was calculated with alpha coefficients of .9273 for Total Wellness; .8596 for the Creative Self; .8228 for the Coping Self; .8397 for the Social Self; .7898 for the Essential Self; and .8858 for the Physical Self. Third order alphas ranged from .4235 (self care) to .8722 (spirituality). While the reliability is still acceptable, it is not as high as reported by Myers & Sweeney (2004). The current sample of 204 included 14.4% males and 85.1% females ranging in age from 21-58. Fifty eight percent (58.7%) were Caucasian, 27.9% African American, 8% Hispanic, 2.5% Asian/ Pacific Islander, and .5% Native American. The entire sample had at least a bachelor's degree.

Results of the trend analysis in MANOVA confirmed the null hypothesis and revealed that there were no significant trends in levels of wellness based on time in a counselor education program. There was no significant trend in wellness scores for Total Wellness ($F=.386$, $p=.680$, $df=2$, 201), the Creative Self ($F=.023$, $p=.977$, $df=2$, 201), the Coping Self ($F=.217$, $p=.805$, $df=2$, 201), the Social Self ($F=.433$, $p=.113$, $df=2$, 201), the Essential Self ($F=2.207$, $p=.113$, $df=2$, 201), nor the Physical Self ($F=.769$, $p=.465$, $df=2$, 201) based on students who were at the beginning, middle, or end of their program. Time in program accounted for 2% or less of the total variance in wellness scores.

Because the two universities in Central Florida were affected by three hurricanes during data collection, an additional trend analysis was run on these two universities and compared to the out-of-state university not affected by the hurricanes to see if differences emerged. There was no significant trend in wellness scores for Total Wellness ($F=1.06$, $p=.35$, $df=2$, 143), the Creative Self ($F=2.34$, $p=.10$, $df=2$, 143), the Coping Self ($F=.18$, $p=.84$, $df=2$, 143), the Social Self ($F=.60$, $p=.55$, $df=2$, 143), the Essential Self ($F=.74$, $p=.48$, $df=2$, 143), nor the Physical Self ($F=1.94$, $p=.15$, $df=2$, 143) for students at the two Central Florida universities affected by the hurricanes. Time in program accounted for 3% or less of the total variance in wellness scores for this group. In addition, there was no significant trend in Wellness Scores for Total Wellness ($F=1.87$, $p=.16$, $df=2$, 57), the Creative Self ($F=1.55$, $p=.22$, $df=2$, 57), the Coping Self ($F=1.13$, $p=.33$, $df=2$, 57), the Social Self ($F=.02$, $p=.98$, $df=2$, 57), the Essential Self ($F=2.51$, $p=.09$, $df=2$, 57), nor the Physical Self ($F=2.58$, $p=.08$, $df=2$, 57) for students at the out-of-state university not affected by the hurricanes. Time in program accounted for 8% or less of the total variance in wellness scores for this group.

Subsequent ANOVA's were run to determine the influence of demographic variables on Total Wellness scores based on time in a counselor education program. Other studies using the 5F-Wel have examined the role of gender (Myers & Bechtel, 2003) and ethnic identity and acculturation (Chang, 1998; Dixon & Myers, 2004; Garrett, 1999). Results of ANOVA suggest that there were no statistically significant differences between mean scores on Total Wellness based on gender ($F=.996$, $p=.32$, $df=1$, 197), time in program ($F=.33$, $p=.72$, $df=2$, 197), nor on the interaction of gender and time in program ($F=.36$, $p=.70$, $df=2$, 197). The interaction of gender and time in program accounted for less than 1% of the total variance in wellness scores. In addition, there were no statistically significant differences between mean scores on Total Wellness based on cultural background ($F=1.27$, $p=.282$, $df=4$, 186) nor time in program ($F=.80$, $p=.45$, $df=2$, 186). There was a statistically significant difference between mean scores on Total Wellness based on the interaction of culture and time in program ($F=2.58$, $p=.02$, $df=6$, 186). The interaction of culture and time in program accounted for 8% of the total variance in wellness scores. The difference occurred in the Hispanic group and revealed a significant decrease in Total Wellness in the middle of the program (See Table 10; Figure 2).

Table 10: Time in Program with cultural background and Total Wellness Scores

Cultural Background	Beginning	Mid-Point	End-Point
Native American		83.90	
Asian- Pacific Island	84.93	83.90	75.11 (2.85)
African American	78.12 (7.59)	82.40 (4.25)	80.87 (7.74)
Caucasian	81.21 (7.41)	81.97 (6.59)	81.21 (7.54)
Hispanic	83.71 (6.58)	65.24 (29.79)	80.88 (10.92)

Table 10 presents the mean scores for master’s level counseling students based on cultural background and time in a counselor education program.

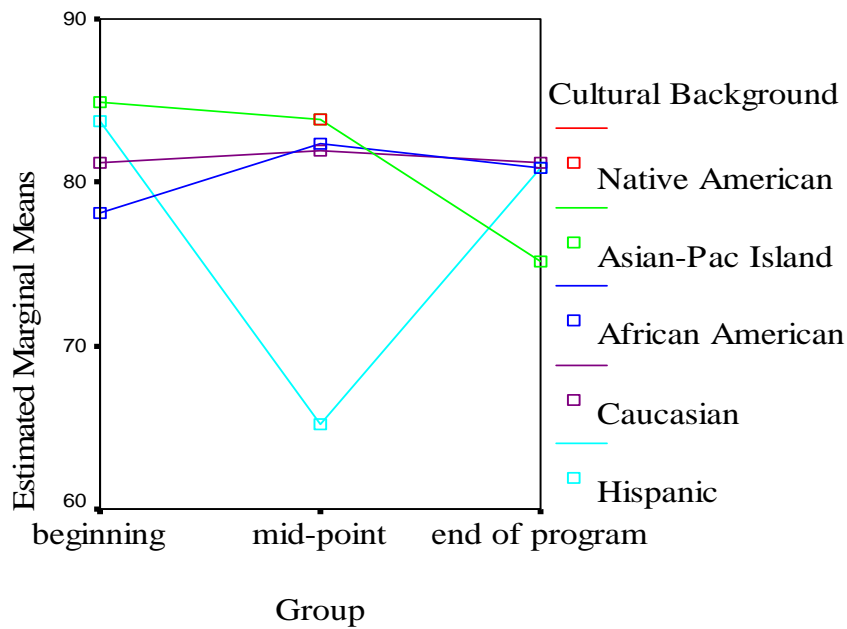


Figure 2: Total Wellness Scores based on time in program with cultural background

Several other demographic variables were examined that were of interest. Even though little research exists to document the effectiveness of a wellness course in counselor education, some researchers have suggested that a wellness course may result in a greater sense of well-being and wholeness in master's level counseling students (Chandler, et. al., 2001; Rybak & Russell-Chapin, 1998). Therefore, the demographic item related to a wellness course offering and time in program were tested as independent variables and Total Wellness scores as the dependent variable. Results of ANOVA indicated that there were statistically significant differences between mean scores on Total Wellness based on a wellness course offering ($F=7.245$, $p=.008$, $df=1$, 198). See Table 8. A wellness course offering accounted for 4% of the variance in wellness scores. However, there was not a statistically significant difference between mean scores on Total Wellness based on time in program ($F=.41$, $p=.66$, $df=2$, 198) or on the interaction of wellness course offering and time in program ($F=2.83$, $p=.06$, $df=2$, 198). The presence of a wellness course, whether or not a student has actually taken the class, appeared to affect the self-reported wellness levels of counseling students.

Another area that has received little attention in the research literature involves a personal counseling requirement for master's level counseling students (Fouad & Hains, 1990; Wise, Lowery, & Silverglade, 1989). Corey, Corey, and Callanan (1993) stressed the importance of personal development and counselor self-care in their writing on ethical issues, and personal counseling is an avenue for personal development required in many counselor education programs. Still, little empirical evidence exists to support the efficacy of personal counseling for counselor education students. In the present study, well over half (62%) reported that their program had a requirement for personal counseling. Therefore, the demographic item related to a personal counseling requirement and time in program were tested as independent variables and

Total Wellness scores as the dependent variable. Results of ANOVA indicated that there were no statistically significant differences between mean scores on Total Wellness based on a requirement for personal counseling ($F=1.02$, $p=.314$, $df=1$, 198), time in program ($F=.31$, $p=.73$, $df=2$, 198), nor on the interaction of a requirement for personal counseling and time in program ($F=2.66$, $p=.07$, $df=2$, 198). The interaction of a requirement for personal counseling and time in program accounted for 2% or less of the total variance in wellness scores.

Of the 41% of the students who responded to the open-ended question, “What, if anything, have you learned in your counseling coursework that has helped you develop knowledge and skills regarding your personal wellness?” 14% were in the beginning of the program, 71% were in the middle of the program, and 53% were at the end of the program. The responses fell into broad categories including specific courses or course activities; specific information or skills they had learned; the insight that counselors had to help themselves before they could help others; the importance of self-care; and the personal growth gained through self-understanding and self-awareness. Only 2 students reported that self-care and wellness had not been addressed enough in their classes.

Summary of Findings

A sample of 204 master’s level counseling students was obtained in order to investigate broad trends in self-reported levels of wellness for students as they progress through a counselor education training program to explore the influence of counselor education programs on counselor wellness. Statistical analyses in MANOVA revealed no significant trends in self-reported levels of wellness in students at three points (beginning, middle, and end) in their counselor education training, confirming the null hypothesis.

In addition, several demographic items were investigated to determine their possible influence on wellness scores. Gender and a requirement for personal counseling were not significant in accounting for differences in the wellness levels of students. There was statistical significance for cultural background based on time in program for the Hispanic group. Furthermore, the presence of a wellness course offering was significant. Those students who reported that their counselor education program offered a wellness course, reported higher levels of wellness. The following chapter will provide a discussion of these results with a review of the findings, research implications and recommendations, limitations, and suggestions for future research.

CHAPTER FIVE: DISCUSSION AND CONCLUSIONS

This chapter discusses the findings of this empirical study. Discussion of student responses to the demographic question, “What, if anything, have you learned in your counseling coursework that has helped you develop knowledge and skills regarding your personal wellness?” has been included to support the findings as well as to explore potential reasons that some alternate hypotheses were not supported. Then, research implications, recommendations, limitations and opportunities for future research are discussed.

Discussion

Review of Findings

Previous research has shown that students in counselor education programs report higher levels of wellness than the general population (Myers, Mobley, & Booth, 2003) and that doctoral students reported higher levels of wellness than master’s students. Thus it was hypothesized that more counselor education might be associated with greater levels of wellness. The current study investigated whether counselor education programs increase levels of wellness in counseling students as they progress through their program of study. The research question was stated thusly: Do master’s level counseling students near the end of their training in counselor education (42-60 completed semester hours) report higher levels of wellness than students at a mid-point in their training (18-30 completed semester hours) and/or students at the beginning of their training (0-12 completed semester hours)? The data from this cross-sectional study did not support answering this question in the affirmative; therefore, the null hypothesis was confirmed. There was no statistically significant trend in levels of wellness between students at the beginning, middle, and end of their training in counselor education. This finding is interesting in

light of the fact that 41% of the students responded to the demographic question, “What, if anything, have you learned in your counseling coursework that has helped you develop knowledge and skills regarding your personal wellness?” Most students in the beginning group did not answer the question and, if they did, said something like, “Just beginning. I haven’t taken a course yet.” Another 14% of beginning students did provide a response as did 71% of the students in the middle of the program, and 53% at the end of the program. The responses fell into broad categories including: specific courses or course activities; specific information or skills they had learned; the insight that counselors had to help themselves before they could help others; the importance of self-care; and the personal growth gained through self-understanding and self-awareness. Only 2 students reported that self-care and wellness had not been addressed enough in their classes. These responses might indicate that some counselor education faculty emphasize and teach students about the importance of wellness in counselor education courses, but that students may not have implemented these wellness strategies into their daily lives.

In addition, there was no statistical significance for gender or a requirement for personal counseling based on time in program. There was statistical significance for cultural background based on time in program for the Hispanic group. The Hispanic group revealed a significantly lower mean Total Wellness score for the middle group. These findings must be considered in light of the fact that the middle group was very small and the standard deviation was quite large in comparison to the other results.

Furthermore, there was a statistical significance for a wellness course offering. It was interesting to note that in response to the demographic question, “What, if anything, have you learned in your counseling coursework that has helped you develop knowledge and skills regarding your personal wellness,” one student at a mid-point in training reported that “every

class has required personal growth to varying degrees” and another at the end of the program stated that “all the courses touch on wellness.” Several students indicated specific courses that emphasized wellness. The courses mentioned were: Group Counseling; Practicum I and II; Techniques of Counseling; Legal and Ethical Issues; and the Social and Cultural Foundations class. One student at the mid-point made this comment about the Legal and Ethical class “We learned that self-care is a requirement, not a luxury.” Several assignments within these classes, including, group projects, in-class activities, role playing, self-care, personal journals, and supervision were mentioned as activities that contributed to students’ knowledge and skills regarding wellness. It was noteworthy that none of the students mentioned a wellness course.

The findings indicated that students in counselor education reported the highest levels of wellness in the second order factor, Social Self, which consists of the two third order factors, friendship and love. The Social Self is defined as “social support through connections with others in our friendships and intimate relationships, including family ties” (Myers & Sweeney, 2004, p.13). This finding seems consistent with what one would expect regarding those who would choose a service profession that requires working on a close, personal level with others. However, it is interesting to note that only 39.3% of the sample population reported being married or partnered, while 48.8% reported being single, 1% separated, 9% divorced, and .5% widowed, because the third order factor, love, was defined in part as “having at least one relationship that is secure, lasting, and for which there is mutual commitment; experiencing physical and emotional satisfaction with one’s sexual life; having a family or family-like support system characterized by shared spiritual values, the ability to solve conflict in a mutually respectful way, the ability to solve problems together, commitment to one another, healthy communication styles, shared time together, the ability to cope with stress, and mutual

appreciation” (Myers & Sweeney, 2004, p. 14). In response to a demographic question, one student at the beginning of the program reported that, “I’ve learned to use healthy relationships to relieve stress” while another at a mid-point in training commented, “I need to deal with issues concerning my family.” These comments may highlight the importance of educating counseling students about the importance of establishing and maintaining healthy interpersonal relationships in order to avoid meeting their own needs for intimacy and connection in the counseling relationship.

Students also reported high levels of wellness in the second order factor, Essential Self, which consists of four third order factors: spirituality, gender identity, cultural identity, and self-care. The Essential Self is defined as “our essential meaning-making processes in relation to life, self, and others” (Myers & Sweeney, 2004, p. 14). This finding may be reflective of the cultural diversity of the sample: 58.7% Caucasian, 27.9% African American, 8% Hispanic, 2.5% Asian / Island Pacific, and .5% Native American. However, the sample included only 14.4% males to 85.1% females. Cultural background showed significance based on time in program, but gender did not. In response to the demographic question concerning what students had learned in their coursework that increased their knowledge and skills regarding their wellness, none of the students commented on spirituality, while 16 of the 84 respondents specifically mentioned self-care as an important part of what they had learned in their training. One student at a mid-point in the program commented that “the importance of self-care in all aspects of life, particularly as a counselor” was emphasized as important. Another student at the end of the program reported that, “many professors stress self-care to avoid burn-out.” Perhaps the focus that some programs place on self-care throughout counselor education training contributes to the wellness of counseling students at all points throughout their program.

Students reported fairly high levels of wellness in the second order factor, Creative Self, which consists of five third order factors: thinking, emotions, control, work, and positive humor. The Creative Self is defined as “the combination of attributes that each of us forms to make a unique place among others in our social interactions and to positively interpret our world” (Myers & Sweeney, 2004, p. 12). With regards to the third order factor, thinking, one would expect students in a graduate level program to be curious and eager to learn and that counseling programs would facilitate open-mindedness, convergent and divergent thinking in problem solving, and the ability to restructure one’s thoughts to manage stress. Furthermore, previous research by Granello (2002) found a linear trend between students’ progression through counselor education programs and their cognitive development. Concerning emotions, one student at a mid-point in the program answered the demographic question by saying, “I have learned to get in touch with my feelings that I didn’t know I had and deal with them instead of stuffing them.” Some students seemed to have a healthy sense of control that developed as a result of being in a counselor education program. One student at the end of the program commented that she had learned the importance of “believing in myself and my abilities (increasing my self-confidence).” Students did not mention work in their responses, so it is unclear how they feel about their role as counselors. However, counselor education programs, especially those that are CACREP-accredited, tend to foster a strong sense of professional identity in their students. Students also did not mention humor when referring to their personal wellness, so it is unclear as to whether or not counselor education programs promote the use of positive humor.

It was also noted that students reported the lowest levels of wellness in the second order factor, Physical Self, which consists of two third order factors: nutrition and exercise. The

Physical Self is defined as “the biological and physiological processes that comprise the physical aspects of our development and functioning” (Myers & Sweeney, 2004, p. 14). The reason for that may be two-fold: the fact that counselors are not trained in the biological bases of behavior; and the difficulty that most master’s level counseling students find in balancing various aspects of their lives. One student at the end of the program commented, “The self-care plan is something that I enjoyed learning about and found challenging to apply.” Only 5 students specifically mentioned physical wellness related to exercise or nutrition in their responses. The demanding nature of a graduate program may limit the amount of time students spend exercising and eating well. Furthermore, nutrition and exercise do not seem to be a primary focus during counseling coursework that may concentrate more on the social, psychological, and emotional aspects of well-being.

Students also reported lower levels of wellness in the second order factor, Coping Self, which consists of four third order factors: leisure, stress management, self-worth, and realistic beliefs. The Coping Self is defined as “the combination of elements that regulate our responses to life events and provide a means for transcending their negative effects” (Myers & Sweeney, 2004, p. 13). Again, the demanding nature of a graduate program may limit the amount of time students have to spend on leisure activities. Only one student specifically mentioned stress management in response to the question about what was learned in the program about wellness. Counselor education programs may want to consider incorporating stress management techniques to help students deal with the high stress of graduate work and the counseling profession. Several students reported that their self-worth had increased due to the focus on personal growth and self-understanding in their program. It seems that the very nature of the coursework encourages students to look at themselves. One student at a mid-point in the program

commented that “understanding myself better and gained more self-worth” were things learned in the program. Realistic beliefs address unrealistic expectations, the need to be perfect, and the desire to be liked by everyone. Counseling students may expect themselves to be perfect, want their clients to like them, and have difficulty self-disclosing to supervisors and peers when they make mistakes in counseling. Building a strong working alliance between supervisors and supervisees in Practicum and Internship may help address these concerns.

One factor that must be taken into consideration when examining the results of this study is the presence of mitigating environmental events during data collection. Data was collected from 144 (71%) of the students during the course of three major hurricanes that hit the Central Florida area during August and September 2004. The stress experienced by students dealing with the loss of property, prolonged power outages, and extensive clean-up may have affected their self-reported wellness levels at the time the surveys were administered. However, there would have been no difference between groups due to the fact that all three groups; beginning, middle and end, in the Central Florida area experienced the hurricanes to some degree. The remainder of the data was collected from 60 (29%) of the students who lived in another part of the southeast and who were not directly affected by the hurricanes. It is unknown how this weather phenomenon affected the results of this study. Because the 5F-Wel does not measure state or trait levels of wellness, it is unknown whether or not student’s self-reported levels of wellness were affected during the hurricanes. Due to the extenuating circumstances, which may have increased levels of stress and anxiety, students who experienced the hurricanes may have reported lower levels of wellness than they would have under normal circumstances. However, Lyubomirsky (2001) noted, in her research on the role of happiness in well-being, that subjective well-being (SWB) seemed to remain relatively stable over time and constant across a variety of

circumstances, while Fredrickson (2001) maintained that positive emotions build long-standing personal resources. This might also be true for wellness, although it has not been empirically validated.

Research Implications and Recommendations

A great deal of information and only a limited amount of empirical research exist in the literature regarding the personal development of students enrolled in counselor education programs. Even though the professional and accreditation organizations representing the counseling profession place an emphasis on the personal development and wellness of students, the means for effectively implementing strategies to address this area of development in counselor education remains vague and difficult to accomplish. This study reviewed the theoretical foundations of wellness, wellness models, current research in the area of positive psychology and wellness, and wellness in counselor education. Then, the influence of counselor education programs on counselor wellness was empirically tested using a cross-sectional research design that examined broad trends in levels of wellness among students at three points in their training (beginning, middle, and end). Although the null hypotheses was confirmed and no significant trend in levels of wellness among counselor education students was discovered, the study offered some valuable contributions to counselor education programs with regards to student wellness.

First, given the response to the demographic questions regarding what students had learned in their coursework that increased their knowledge and skills regarding their own personal wellness, it appears that counselor educators place some emphasis on personal development and wellness throughout the counseling curriculum. This indicates that most faculty and students feel that this component of their development is important. However, there does not

appear to be a systematic approach to incorporating this valuable information into counselor preparation programs, nor does there appear to be a means for evaluating student progress in this area. This is supported by the fact that students are aware of the importance of wellness and personal development, yet they do not seem to incorporate this information into daily activities in order to increase their level of wellness during their counselor education training. Witmer and Granello (in press) argue that a lack of a unifying philosophy of instruction in counseling programs contributes to the paucity of research in counselor education pedagogy. A wellness model may provide the needed structure to both research and implement effective wellness instruction and evaluation of student progress in the area of personal development and wellness. Several authors (Frame & Stevens-Smith, 1995; Myers, 1991; Myers & Williard, 2003; Rybak & Russell-Chapin, 1998; Witmer & Granello, in press; and Witmer & Young, 1996) have advocated for and proposed models in support of incorporating personal development and wellness into counselor education programs.

Second, it is noteworthy that counseling students scored lower on the second order factor, the Coping Self. As defined earlier, the Coping Self refers to the ability to regulate responses to life events and to moderate their negative effects (Myers & Sweeney, 2004) and includes the third order factors of leisure, stress management, self-worth, and realistic beliefs. Helping students learn to balance the various aspects of work, graduate training, and leisure might provide benefits with regards to preventing burn-out. It is notable that so few student mentioned stress management as a skill they had learned with regards to their own personal wellness. In addition to being able to organize and manage one's resources, stress management refers to one's perception that change may be seen as an opportunity for growth rather than a threat to one's security (Myers & Sweeney, 2004). Since students tend to report a great deal of growth and

change while in a graduate counseling program, it would appear to be important for counselor educators to provide an environment that facilitates opportunities for constructive growth and integration, in addition to more traditional stress management techniques. Witmer and Young (1996) describe components of a wellness community characterized by compassion, commitment, leadership, a sense of community, creative problem solving and conflict resolution, positive communication, and respect for individuality. Counselor educators may increase student wellness by focusing on the environments they establish in their programs.

Some students reported that increased self-awareness and understanding led to greater feelings of self-worth and confidence. As discussed earlier, the pedagogy in many counselor education courses encourages reflectivity in students so that they not only focus on the content of coursework, but also on their own emotional and cognitive experiences (Nelson & Neufeldt, 1998). Developing students as reflective practitioners enhances their personal development and may lead to greater levels of wellness in the area of self worth.

Realistic beliefs were discussed earlier and deal with the student's need to be perfect and to be liked by others (Sweeny & Myers, 2004). Sanders (1998) noted that as counselors in training became more aware of self and others, they became more autonomous, therefore increasing their wellness (as measured by the Lifestyle Assessment Questionnaire) and decreasing irrational beliefs (as measured by the Irrational Belief Test, most significantly in the areas of demand for approval and helplessness for change). This has important implications for the quality of supervisory relationships in counselor education. A secure supervisory relationship provides a "safe haven" for supervisees so that they feel confident in beginning to explore the profession and in addressing difficult issues such as these with the supervisor

(Neswald-McCalip, 2001). Counselor educators may increase students' ability to deal with their realistic beliefs by maintaining this kind of supervisory relationship.

And finally, while students reported that they had increased their knowledge of the social, emotional, cognitive, and psychological aspects of wellness, they seldom mentioned the physical or spiritual aspects. Physical wellness includes exercise and nutrition. Okonski (2003) discussed the importance of counselor knowledge when incorporating exercise into counseling interventions. Spirituality is a factor in the Essential Self component of wellness. Zinnbauer and Pargament (2000) stressed the importance of self-knowledge when addressing religious and spiritual issues in counseling. However, few counselor education programs provide this information to counselors, resulting in a lack of understanding with regards to these features of their own health and well-being, as well as that of their clients. Counselor education programs may benefit their students by incorporating all aspects of wellness into a comprehensive plan that addresses all components of personal development. Students may gain from workshops, seminars, or wellness classes that incorporate nutrition, exercise, and spirituality in addition to the social, emotional, cognitive, and psychological wellness factors. In addition, students could be encouraged to implement these strategies in their everyday lives, just as they must learn to implement their knowledge of counseling theories and techniques into their work with clients.

Conclusions

Limitations

As stated earlier, this study has several limitations. First, 71% of the students completed the survey in the period between August and September of 2004, during which three hurricanes hit the Central Florida area--a time of increased stress in the general population. It is unknown how this weather occurrence affected student responses on the 5F-Wel, but students could be

expected to be more stressed and perhaps less well, overall. Secondly, a response bias may have occurred due to the phenomenon known as social desirability (Crowne & Marlow, 1964).

Counseling students, familiar with healthy and unhealthy behaviors studied in their coursework, may have reported higher levels of wellness in order to be seen in a better light. Thirdly, because this study was cross-sectional and compared three different groups of students at three points in their counselor education program, it is not known if differences would emerge if the same students were followed in a longitudinal manner. There was no formal means of certifying the equivalency of the three groups, and differences may have resulted from differential drop-out of students from the groups. The groups also represented a convenience sample of students rather than a random sample.

Recommendations for Future Research

In order to contend with these limitations, a longitudinal study that measures the same students at three points as they progress through a master's level counselor education program could be conducted that might infer causation as to whether or not counselor education programs increase levels of wellness in students. A random sample of students from a more diverse group of both CACREP and non-CACREP accredited universities in different regions of the United States would improve generalizability of study results. Conducting cross cultural longitudinal studies with counseling students in other countries may shed light on cultural factors that affect wellness. Thus far, the WEL has only been adapted into Korean (Chang & Myers, 2003), Turkish, and Hebrew (Myers & Sweeney, 2004). Additional measures might be administered to counseling students in conjunction with the 5F-Wel to study the relationship between wellness and other aspects of personal development. Further exploration into factors that promote student wellness in counselor education might also prove beneficial. Because students, who answered

yes to the question regarding whether or not a wellness course was offered in their program, reported statistically significant higher levels of Total Wellness, further research on wellness course offerings might provide insight into the impact of such a course on the wellness levels of counseling students.

Finally, research to empirically study the effects of counselor wellness on counselor self-efficacy, the counselor-client relationship, and on client outcome could further support the need to increase levels of wellness in counseling students. As discussed earlier, according to Corey (2000) and Rogers (1961), counselors must develop their humanity in order to establish counseling relationships that promote client welfare, and according to Hanna and Bemack (1997), counselor effectiveness depends more on the personal characteristics of counselors than on school, training or theory. Notably, in response to the demographic question on what students had learned about wellness, 14% of the students specifically mentioned that their personal wellness was fundamental to their success with clients. One counselor at a mid-point in the program remarked, "Personal wellness influences counselor-client interactions and quality of services provided to client." A student at the end of the program stated, "I have learned that counselor wellness is key to becoming an effective therapist. You must take care of yourself first, then your clients." Another student at the end of the program responded, "That my wellness is a factor of the strength of my counseling skills." Yet another counselor at the end of the program stated, "As future counselors, we must be physically and mentally aware of ourselves in order to help others. This is brought up in many courses." These comments clearly demonstrate that both faculty and students believe that their personal wellness has an impact upon their self-efficacy and is essential for their effectiveness with clients. Even so, there is little empirical research to document the effects of counselor wellness on counselor self-efficacy, the client-

counselor relationship or on client outcome. Further research in these areas would significantly contribute to the advancement of counselor education programs.

APPENDIX A: IRB LETTER



Revised 6/04

Office of Research

August 1, 2004

Leila F. Roach
603 South Sweetwater Cove Blvd.
Longwood, FL 32779

Dear Mrs. Roach:

With reference to your protocol entitled, "The Influence of Counselor Education Programs on Counselor Wellness," I am enclosing for your records the approved, expedited document of the UCFIRB Form you had submitted to our office.

Please be advised that this approval is given for one year. Should there be any addendums or administrative changes to the already approved protocol, they must also be submitted to the Board. Changes should not be initiated until written IRB approval is received. Adverse events should be reported to the IRB as they occur. Further, should there be a need to extend this protocol, a renewal form must be submitted for approval at least one month prior to the anniversary date of the most recent approval and is the responsibility of the investigator (UCF).

Should you have any questions, please do not hesitate to call me at 823-2901.

Please accept our best wishes for the success of your endeavors.

Cordially,

Barbara Ward

Barbara Ward, CIM
Institutional Review Board (IRB)

Copies: IRB office
Dr. Mark Young, College of Education, Room 322Q

APPENDIX B: PERMISSION TO USE THE 5F-WEL

Permission to Use the 5F-Wel

The authors of the 5F-Wel will give our permission for your use of the instrument in your dissertation or other research. We will provide information and scoring services, per the following procedures:

1. The Specimen Set for the 5F-Wel includes the Manual, One Instrument, an NCS response sheet, and a Brief Interpretive Report. The cost for this is \$30. The cost is \$25 if you will accept pdf files and plan electronic scoring (in which case we will not mail any documents or provide bubble sheets). You can copy the 5F-Wel as needed for your population; the cost of scoring is \$1 per person, prepaid. Alternately, you may have your participants complete the inventory on-line.
2. You will need to specify the nature of your population. We will then assign you a three digit key code which must be written and bubbled in on all of your forms or included in your electronic data set.
3. As a pilot, please complete one 5F-Wel bubble sheet and mail it to me, or complete an SPSS or Excel file in an agreed-upon format for testing. This is to verify that all instructions are followed and all data requested are provided. We will provide the initial file. You will need to assure that all of your participants provide all of the requested data. (If using the on-line version, filling out the form once is also necessary, with a code to be provided based on the nature of the population).
4. When you have collected all of your data, if you are using bubble sheets, review your bubble sheets/data form and edit them as necessary for demographic items and missing data. Then, put them all in the same order (one edge of the page is cut so they can be matched, all right side up and facing forward).
5. We will have the data scanned, which takes anywhere from one day to two weeks, depending on when it arrives. We are on a semester system and scanning of midterms and finals takes priority. No scanning services are available during university breaks and holidays. Electronic files may be scored more quickly.
6. The data will be scored using SPSS for windows. Our preference is to e-mail the data file to you. It can also be sent on a disk, but you will have to provide the disk and pay postage. The data file will contain all of the demographic information, item responses, and subscale scores for your participants. It will include raw scores and J-scores for the 5F-Wel factors.
7. We will provide a syntax file to assist you in interpreting the variables in the data set. We will not provide you with the scoring protocol - that is, we will not tell you which items score on which subscales.
8. The manual for the 5F-Wel includes all of the psychometric data you will need for your research proposal.
9. Your data will be included in our data set for development of the 5F-Wel. Individual data will not be used in any form, and we will not conduct research solely on your data set. Our expectation is that you will include this information in your informed consent form, which you will keep as part of your research data.

Please let me know if there is anything else we can do to assist you in your research.

Jane Myers

APPENDIX C: INFORMED CONSENT

Informed Consent Form

_____, 2004

Dear Graduate Student,

A research study on the influence of counselor education programs on counselor wellness is being conducted by a doctoral candidate, Leila F. Roach. I am working under the supervision of faculty member, Dr. Mark E. Young. You are being asked to participate in a survey designed to measure levels of wellness in students currently enrolled in counselor education programs. Your responses will be kept confidential using a numerical coding system. We will not ask for your name or identifying information. Your name will not be associated with a number. You will simply be asked to complete a questionnaire and some demographic information, each with the same number. Your participation in this survey is voluntary.

The instrument you will complete is the Five Factor Wellness Evaluation of Lifestyle (5F-Wel). You will not use your name or other identifying information. At the conclusion of the administration and scoring, your anonymous data will become part of the test developer's research database for this instrument.

Participation is anonymous for all data collected. Your participation is voluntary and you may discontinue participation or withdraw your data from the study at any time without consequence. If you would like to receive your confidential results from the 5F-Wel, they can be returned to you anonymously with a link to a website for more information on wellness.

There is no anticipated risk or immediate benefit. In the future, counseling students and counselor educators may benefit from knowledge and awareness of wellness in counseling. Unfortunately, I am unable to compensate you for your participation however instructions will be given if you choose to receive your confidential results from the 5F-Wel. If you have any questions about this research project, you may contact me or Dr. Mark Young at 407-823-2052. If you have any questions regarding research participants' rights, you may contact the University of Central Florida Institutional Review Board at 407-823-2901.

Thank you for your willingness to participate in this research project.

Sincerely,

Leila F. Roach, M.Ed., LMHC

_____ I have read the procedure described above

_____ I voluntarily agree to participate in the survey

_____ I would like to receive a copy of the procedure described above

_____ I would not like to receive a copy of the procedure described above

Participant Signature

Date

APPENDIX D: DEMOGRAPHIC QUESTIONNAIRE

Demographic Questions:

1. Your age: _____

2. Please circle your program track:
Mental Health Counseling School Counseling
Marriage & Family Counseling Community Agency Counseling
Vocational Rehabilitation Counseling Other: _____

3. Number of graduate **semester hours** you have **completed** in this program: _____
(Do not include classes you are taking this semester)

4. Please circle the U. S. geographic location of your school:
Southeast Northeast Midwest Southwest West

5. Is your program CACREP-accredited? Yes No

6. Does your program have a wellness course? Yes No

7. Does your program require mandatory personal counseling? Yes No

8. What, if anything, have you learned in your counseling coursework that has helped you develop knowledge and skills regarding your personal wellness?

Thank you!

**APPENDIX E: LETTER OF INSTRUCTION TO OUT-OF-STATE
FACULTY**

Dear Faculty,

Thank you for assisting with my dissertation research, *The influence of counselor education programs on counselor wellness*. Here are some brief instructions:

Please give each student an envelope. Each envelope includes:

1. Instructions
2. Informed Consent
3. Demographic Questionnaire
4. Five Factor Wellness Evaluation of Lifestyle (5F-Wel) questions
5. Bubble sheet for 5F-Wel answers

Students are to complete the assessment according to the instructions, put everything back in their envelope, and return it to you. Please remind students to keep track of their ID number (found on the top right hand corner of the demographic questionnaire), so they can pick up their confidential results when I send them back to you.

Following are some **Frequently Asked Questions (FAQ's)**

1. Question 3 on the demographic questionnaire is the number of **semester hours** they have completed, **not** the number of classes they have taken. Do not include hours they are taking this semester. (This is so that I can group students as beginning, mid, and end point in their program.)
2. They sometimes are confused about geographic location / region of the U.S. Your school is classified as Southeast.
3. Sometimes they complain that the response choices (A-Strongly Agree, B-Agree, C-Disagree, and D-Strongly Disagree) are not at the top of each page. They are right. Tell them I am sorry. The test is not with a publisher yet.
4. Students have located a couple of typographical errors on the 5F-Wel question sheet. For example, question 95 has 2 answers D. The last one should be E. Again, they are right. Tell them I'm sorry. It should not affect their ability to answer accurately.
5. If they do not have an advanced degree already, they can leave number 96 blank.

That's all I can think of. My cell phone is 321-277-3572 and e-mail lroach@mail.ucf.edu should you have additional questions.

Again, **thank you so much for your help.**

Leila Roach

**APPENDIX F: LETTER OF INSTRUCTION TO OUT-OF-STATE
STUDENTS**

Thank you for participating in my research, *The influence of counselor education programs on counselor wellness*.

Enclosed in this packet are:

1. The Informed Consent.
2. A demographic questionnaire.
3. The Five Factor Wellness Evaluation of Lifestyle (5F-Wel) questions.
4. A bubble sheet for your answers to the 5F-Wel.

Please follow these instructions:

1. Read, sign and date the Informed Consent.
2. Complete the demographic questions.
3. Complete on the bubble sheet for the 5F-Wel:
 - a. Your gender and birth date
 - b. Items 1-100.
 1. Items 1-91 A- Strongly Agree
 B- Agree
 C- Disagree
 D- Strongly Disagree
 2. Items 92-100 More demographic questions
4. Please note:
 - a. Your ID number is already completed.
 - b. **Please do not put your name on the bubble sheet.**
5. When you are finished, put everything back in the envelope and give it back to your instructor.
6. If you would like to receive your confidential results, please remember your ID number (on demographic questionnaire).

THANK YOU!!

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