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A Phenomenological Investigation of Wellness and Wellness Promotion in Counselor Education Programs

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ABSTRACT

A PHENOMENOLOGICAL INVESTIGATION OF WELLNESS AND WELLNESS PROMOTION IN COUNSELOR EDUCATION PROGRAMS

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This phenomenological investigation explored the lived wellness experiences and perceptions of wellness promotion of doctoral level counseling trainees enrolled in CACREP-accredited programs. Participants included a national heterogeneous sample of 12 doctoral level counselor trainees currently enrolled in CACREP-accredited counseling programs. Semi-structured individual interviews were conducted to provide a textural-structural description of doctoral students' lived wellness experiences and perceptions of wellness promotion while enrolled in a CACREP-accredited counseling program. Three structural codes including *components of wellness*, *program culture*, and *recommendations* were identified along with 13 textural codes throughout participant interviews. The findings of this study provide insight into wellness and wellness promotion within counselor education programs.

This dissertation is dedicated to my parents, Bobby and Debbie Gleason.

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CHAPTER I

INTRODUCTION

In this chapter, the lead researcher provides an introduction of the study, describes wellness of the general population, and explores risk factors and consequences of poor or unhealthy wellness practices. Additionally, numerous standards of professional organizations in the counseling field are examined in regards to wellness and self-care. Stressors that are commonly found in graduate level programs are also reviewed. Finally, key terms and delimitations of the study are discussed.

Wellness

The Gallup-Healthways Well-Being Index (2014) is conducted each year and indicates the well being of U.S. citizens across the 50 states in the areas of life evaluation, emotional health, healthy behaviors, basic access, physical health, and work evaluation. In the six years of well being surveys, self-reports of life evaluation have steadily improved, emotional health and healthy behaviors have remained mostly stable, and basic access, physical health, and work environment have declined (Gallup-Healthways Well-Being Index, 2014). Some of the reasons offered for the decline in physical health and work environment are the increase in obesity and the recession of 2009, respectively.

Failure to eat healthy or exercise regularly can result in an individual becoming overweight or obese, which can have significant negative effects on an individual's health (Centers for Disease Control and Prevention, 2014). The Gallup-Healthways Well-Being Index (2014) indicated that individuals who are considered obese are more likely to have higher rates of depression, experience more physical pain, and exercise less.

Some studies indicate that the benefits of exercise and fitness go beyond acting as a preventative for disease. Blumenthal et al. (2007) noted that exercise is comparable to antidepressant medication for relieving depressive symptoms when done patients experiencing major depressive disorder. Asmundson et al. (2013) reviewed numerous studies examining the efficacy of exercise on anxiety and concluded that, while more research in the area is needed, prescribing exercise to patients suffering from anxiety is promising.

Stress is another well-known detriment to an individual's health. McEwen and Stellar (1993) coined the term *allostatic load* to describe the toll that individuals' stress reactions can have on their minds and bodies. Asthma, diabetes, gastrointestinal disorders, myocardial infarction, and viral infections are examples of ailments in which allostatic load is a significant risk factor (McEwen, 1998; McEwen & Stellar, 1993). McEwen and Stellar (1993) and McEwen (1998) explained that negative health effects are often associated with more frequent and less severe stressors rather than infrequent, intense events. Overwhelming, long-term stress can lead to an individual suffering from ill health, which in turn can further stress reactions and lead to depression (Weiner, 1992).

Counselor Wellness and Burnout

Counselors experience common stressors in the work environment and their personal lives. Common stressors for counselors are as follows: caseload size, overall workload, difficult or high-need clients, and lack of personal and professional support (Lawson, 2007). Overwhelming amounts of stress is linked to a decrease in wellness, which has a significant association with counselor burnout (Puig et al., 2012). Research,

however, on common counselor trainee stressors is limited. Pierce and Herlihy (2013) reported high levels of stress and struggles to maintain a healthy balance among mothers within doctoral level counselor education programs. A loss of connection to family and friends as well as neglect of physical wellness were also reported among their participants. Smith, Robinson, and Young (2007) reported that, for master's level counselor trainees, wellness had a significant negative relationship with psychological distress. El-Ghoroury, Galper, Sawaqdeh, and Bufka (2012) found for graduate level psychology students that the most common stressors reported included academic responsibilities, finances and debt, anxiety and poor balance between work and school.

Lawson (2007) and Lawson and Myers (2011) noted that counseling practitioners used several career sustaining behaviors such as maintaining a sense of humor, spending time with a partner or family, having a balance between professional and personal lives, maintaining self-awareness, maintaining a sense of control over work responsibilities, reflecting on positive experiences, and engaging in quiet leisure activities. These and other career sustaining behaviors (e.g., engaging in physical activities, participating in continuing education, spending time alone in self-reflection) work as protective factors and proactive behaviors for individuals to help safeguard and minimize stress and burnout (Kramen-Kahn & Hansen, 1998; Stevanovic & Rupert, 2004). In addition to these empirical works, several conceptual pieces have been written over the last decade regarding healthy behaviors and thoughts that counseling practitioners, counselor trainees, and counselor educators can utilize to maintain balance between work and leisure as well as increase personal wellness (Cummins, Massey, & Jones, 2007; Foster, 2010; Hill, 2004; Lenz & Smith, 2010; Roysircar, 2009; Skovholt, 2012; Venart, Vassos,

& Pitcher-Heft, 2007; Wolf, Thompson, & Smith-Adcock, 2012, Yager & Tovar-Blank, 2007).

The majority of available research regarding wellness in counselor education is primarily focused on master's level trainees (Abel, Abel, & Smith, 2012; Lambie, Smith, & Ieva, 2009; Lenz, Sangganjanavanich, Balkin, Oliver, & Smith, 2012; Roach & Young, 2007; Schure, Christopher, & Christopher 2008; Wolf, Thompson, Thompson, & Smith-Adcock, 2014). Collectively, findings for master's students indicate that counselor trainees reported higher wellness scores on the Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 2005a) than the normed population. Furthermore, results included that wellness-focused courses in master's level programs increased understanding and overall wellness levels, and receiving counseling while in a counselor education program may help to decrease overall problems, depressive symptoms, and anxiety symptoms. Research focused exclusively on doctoral level counselor trainees is very limited (Perepiczka & Baldwin, 2010; Pierce & Herlihy, 2013). As many doctoral level counselor trainees plan to teach in counselor education and serve as leaders in the counseling field, it is important to consider their views of wellness and self-care within counselor education.

Wellness Standards

In an effort to improve the overall mental, physical, and emotional health of individuals involved, as well as improve the functioning of the counseling profession as a whole, professional organizations and associations have clearly stated the expectation and promotion of wellness and self-care practices for individuals in various roles within the counseling field. Some of the organizations mentioning self-care and/or wellness as

related to the counselor role include the American Counseling Association (ACA), the Council for Accreditation of Counseling and Related Educational Programs (CACREP), the National Board for Certified Counselors (NBCC), the American School Counselor Association (ASCA), the American Mental Health Counseling Association (AMHCA), and the Association for Counselor Education and Supervision (ACES).

The ACA *Code of Ethics* (ACA, 2014) mentions self-care pertaining to the counselor role: "...counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities" (Section C: Professional Responsibility, p. 8). In addition, the ACA notes that counselor educators have a duty to support wellness related to student diversity (F.11.b.): "Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance" (p. 16).

CACREP Standards (2009) defined wellness as a "culturally defined state of being in which mind, body, and spirit are integrated in a way that enables a person to live a fulfilled life" (p. 63). They include learning "self-care strategies appropriate to the counselor role" (p. 9) as a critical understanding within the core curriculum experiences. Further, CACREP standards speak to promoting and facilitating wellness in various courses of counselor education (e.g., social and cultural diversity, human growth and development, helping relationships).

Although NBCC (2012) does not mention wellness or self-care directly in their code of ethics, the organization lists minimum standards that indirectly reference wellness within the code of ethics. The ninth code states that a National Certified Counselor (NCC) "shall take proactive measures to avoid interruptions of counseling

services due to illness, vacations or unforeseen circumstances…" (p. 2). Another indirect mention of wellness lies in the NBCC's twenty-third code, "NCCs shall seek professional assistance or withdraw from the practice of counseling if their mental or physical condition makes it unlikely that the counselor will be able to provide appropriate services" (p. 3).

The ASCA *Code of Ethics* (ASCA, 2010) states the need for wellness amongst school counselors directly in code E.1.b. "Monitor emotional and physical health and practice wellness to ensure optimal effectiveness…" (p. 5). ASCA is the only professional organization to have an ethical code directly mentioning personal wellness in regards to the professional. The AMHCA *Code of Ethics* (2010) similarly mentions the importance of both physical and mental health for practitioners, but fails to mention practicing wellness. Code C.1.h. reads that mental health counselors "recognize that their effectiveness is dependent on their own mental and physical health" (p. 9). There are also recommended procedures for counselors suffering from mental, emotional, and/or physical ailments within Code C.1.h.

Finally, the ACES Best Practices in Clinical Supervision (Borders et al., 2011) lists two guidelines directly pertaining to self-care: section 7.b.vi. mentions "The supervisor appropriately engages in and models self-care" (p. 10); and section 11.d.xiii. describes "The supervisor engages in critical self-reflection and self-care, and avoids professional stagnation and burnout" (p. 15). ACES is the only professional counseling organization to mention self-care in terms of supervision as well as the only professional counseling organization to mention the responsibility of modeling of self-care to counselor trainees.

These professional counseling organizations reference wellness and self-care directly or indirectly throughout their ethical and professional guidelines. It is clear that wellness is seen as an important aspect of the counseling field. However, definitions for wellness, self-care activities, and practical application to individuals' lives remain vague. ACES Best Practices in Clinical Supervision (Borders et al., 2011), ASCA *Code of Ethics* (2010), CACREP (2009), and ACA *Code of Ethics* (2014) directly mention either wellness or self-care; NBCC *Code of Ethics* (2012) and AMHCA Code of Ethics (2010) both refer to the mental and physical health of practitioners, but neglect direct mention of overall wellness or self-care.

Research Questions

With little research conducted on doctoral students and the ethical mandates to practice and model self-care as supervisors and future counselor educators, this study is focused on exploring doctoral students' perspectives of wellness. The research questions and subquestions for this study are as follows:

1. What are doctoral level counselor trainees' lived wellness experiences within and outside their programs?
    a. What are participants' self-identified self-care practices?
    b. How do participants describe the degree of wellness promotion in their training programs?
2. What do participants identify as strengths and barriers to wellness and wellness promotion in their training programs?
3. What recommendations, if any, do the individuals describe for wellness promotion within counselor education programs?

Definition of Key Terms

Wellness is often viewed as the overall health and well being of an individual (Sweeney & Witmer, 1991). CACREP (2009) defined wellness as a "culturally defined state of being in which mind, body, and spirit are integrated in a way that enables a person to live a fulfilled life" (p. 63), and Myers and Sweeney (2008) discussed wellness as "a positive state of well-being" (p. 482). The research team utilized both of these definitions of wellness, as they are not mutually exclusive. This study also viewed wellness as a higher-order factor comprised of five second-order factors described in the Indivisible Self Model of Wellness (IS-Wel; Myers & Sweeney, 2004): coping self, creative self, essential self, physical self, and social self (see Table 1). The research team recognizes the importance of individuals' personal definitions to explain their own wellness as discussed by Lenz and Smith (2010).

Self-care is defined within the IS-Wel (Myers & Sweeney, 2004) as "proactive efforts to live long and live well" (p. 269). If wellness is the overall end goal, self-care could be a step that individuals take to ensure it. Richards, Campenni, and Muse-Burke (2010) explained that definitions of self-care vary widely and tend to be vague. Examples of self-care from literature are limited but include yoga, meditation, personal counseling, and habits to minimize the effects of everyday stress (Myers & Sweeney, 2008; Richards et al., 2010; Schure et al., 2008). Self-care and wellness can take on multiple meanings between individuals as preferences vary. Therefore, the vague and varied individual understanding and practice of self-care may impact individual responses. Wolf et al., (2014) recognized this need for individuality in wellness practices among participants in their pilot wellness program.

Wellness promotion is the encouraging of wellness and can be seen in a variety of settings. CACREP (2009) states that promoting and understanding wellness is an important skill and practice for counselor trainees in multiple courses (e.g., social and cultural diversity, human growth and development, helping relationships) and programs (e.g. clinical mental health counseling, school counseling, marriage and family counseling). Roach and Young (2007) encouraged the promotion of wellness as a practice of counselor education programs to help educate and encourage counselor trainees on activities and behaviors that decrease and protect against impairment.

Counselor trainee is defined as an individual currently enrolled as a student in a counseling program. This study looked specifically at doctoral level counselor trainees enrolled in a CACREP-accredited program.

Counselor educator is defined as a faculty member that currently serves as a full-time or part-time instructor for courses in a counseling program.

Coping strategies are tactics that an individual implements in order to function properly while experiencing stressors. Coping self, a second-order factor in the IS-Wel (Myers & Sweeney, 2004), is defined as "the combination of elements that regulate one's responses to life events and provide a means to transcend the negative effects of these events" (Myers & Sweeney, 2008, p. 485). The study's understanding of coping strategies included behaviors that can both positively and negatively affect an individual's long-term health and well being.

Stress management is the self-monitoring that an individual does to organize his or her multiple roles and responsibilities in order to achieve their individual goals (Myers &

Sweeney, 2008). The research team recognized that this can contain a numerous amount of activities and habits that vary between individuals.

Burnout is defined as "the failure to perform clinical tasks appropriately because of personal discouragement, apathy toward system stress, and emotional/physical drain" (Lee et al., 2007, p. 143). This definition is applied in this study to counselor trainees in their failure to perform adequately in their studies.

Barriers to wellness includes, but is not limited to, people, activities, habits, or things that discourage individuals from wellness. Examples of barriers to wellness found in the literature are time limitations, heavy workloads, and financial strains (El-Ghoroury et al., 2012).

Strengths to wellness is, as an inverse to the El-Ghoroury et al. (2012) definition of barriers to wellness, the protective factors or encouragers to wellness. These include people, activities, habits, or things that assist in an individual's wellness (e.g., access to healthcare, financial stability, flexibility of schedule).

Delimitations

The study looked specifically at doctoral level counselor trainees who are enrolled in a CACREP-accredited program and have completed at least one semester of their program. The sample involved only students within CACREP-accredited programs due to standard II.G.1.d. in the CACREP Standards (2009) which listed "self-care strategies appropriate to the counselor role," (p. 9) as a critical understanding for professional identity. Exclusions for this study include students enrolled in non-CACREP programs, master's level counselor trainees, and students that have yet to complete at least one semester of a doctoral level counselor trainee program. The restriction of a one-semester

minimum was so the research team could ensure that the participants had adequate exposure to the program and had developed perceptions of wellness and wellness promotion within the program. The study took place during the 2014-2015 academic year; however, the lead researcher inquired about both current and past experiences regarding wellness for participants.

CHAPTER II

LITERATURE REVIEW

This chapter examines the evolution of wellness models, assessments that help to determine wellness, and research and conceptual pieces concerning self-care and wellness for multiple roles within the counseling field. The research and conceptual reviews are divided by the roles of counseling trainee, counselor educator, and counseling practitioner. Research gaps within wellness and wellness promotion are presented.

Wellness Models

Holistic models of wellness have developed over the last several decades as an alternative to the disease and illness based models of the medical community. The purpose of wellness models (Myers & Sweeney, 2004; Myers, Sweeney, & Witmer, 2000; Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) is to educate individuals on the various areas of wellness and to assist practitioners and counselor educators in teaching about wellness when working with clients or trainees. By describing the diverse areas of wellness available, wellness models can help to empower individuals to practice self-care and recognize areas of wellness not being addressed (Myers & Sweeney, 2008).

The Wheel of Wellness

Sweeney and Witmer (1991) and Witmer and Sweeney (1992) introduced the Wheel of Wellness, a model of wellness based on Adler's conceptualization of human development. The model presented five life tasks: spirituality, self-regulation, work, friendship, and love. Within the Wheel of Wellness, *spirituality* is shown at the core of the model, representing the centrality and importance of this life task. The authors argued

that individuals' spirituality shapes how they perceive the events of their lives and the world surrounding them. The life task of *self-regulation* makes up what the authors refer to as the spokes of the model and "may be seen as the infrastructure of the self which provide the stability and balance to understanding, predicting, and managing one's external, social life tasks" (Sweeney & Witmer, 1991, p. 531). These spokes are as follows: (a) *sense of worth*, (b) *sense of control*, (c) *realistic beliefs*, (d) *spontaneity and emotional responsiveness*, (e) *physical fitness and nutrition*, (f) *sense of humor*, and (g) *intellectual stimulation, problem solving, and creativity. Work* is the first and one of the most fundamental of the external, social life tasks. *Work* is a significant part of one's life and can be a large source of satisfaction, or dissatisfaction, for an individual. The *friendship* and *love* life tasks are more difficult for an individual to satisfy because they require the individual to make intimate connections and expose who they really are to others (Sweeney & Witmer, 1991). The model includes societal institutions such as families, religion, education, communities, media, government, and business/industry. Global events are also included in the model (e.g., wars, natural disasters, terrorist attacks, poverty). These societal institutions and global events both impact and are impacted by the five life tasks of the Wheel of Wellness model.

The Wheel of Wellness Revised

Nine years after its debut, Myers, Sweeney, and Witmer (2000) revised the Wheel of Wellness model. Research in multiple fields and the use of the model in counseling showed that many aspects of healthy individuals were not emphasized in the original model or altogether not present. The revision includes the five life tasks, changing *self-regulation* to *self-direction* and expanding the *work* life task to *work and leisure*. The life

task of *spirituality* remained at the core of the model, with the authors defining it as "an awareness of a being or force that transcends the material aspects of life and gives a deep sense of wholeness or connectedness to the universe" (p. 252).

After utilizing the original model as well as the Wellness Evaluation of Lifestyle (WEL; Myers & Sweeney, 1996), an instrument to determine an individual's wellness, in research and clinical practice, the authors determined the switch to the name *self-direction* was more reflective of that life task. Myers et al. (1996) explained that self-direction "...refers to a sense of mindfulness and intentionality in meeting the major tasks of life" (p. 253). *Self-direction* expanded to 12 clearly defined subtasks, as opposed to the seven components that made up *self-regulation* in the original Wheel of Wellness model. The 12 subtasks include the following: (a) *sense of worth,* (b) *sense of control,* (c) *realistic beliefs,* (d) *emotional awareness and coping,* (e) *problem solving and creativity,* (f) *sense of humor,* (g) *nutrition,* (h) *exercise,* (i) *self-care,* (j) *stress-management,* (k) *gender identity,* and (l) *cultural identity*. The new life task of *work and leisure* included activities apart from an individual's work life that brought them satisfaction (e.g., exercise, hobbies, charity work). The life tasks of *friendship* and *love* remained as they did in the original model, with the former being more inclusive of community and individual relationships and the latter remaining focused on familial and marital relationships.

The Indivisible Self

Myers and Sweeney (2004) concluded after seven years of research using the WEL that the data collected did not support the hypothesized circumplex Wheel of Wellness model. Hattie, Myers, and Sweeney (2004) showed in the factor analysis that

there were 17 scales (third-order factors) that could be grouped into five higher order scales (second-order factors) and ultimately a single higher-order wellness factor within the indivisible self. The Indivisible Self Model of Wellness (IS-Wel) "...is based on characteristics of healthy people and thus can be considered to be strength-based" (Myers & Sweeney, 2004, p. 277). The second-order factors include: (a) *social self,* (b) *essential self,* (c) *physical self,* (d) *creative self,* and (e) *coping self*; they are described below. Further details on the third-order factors are available in Table 1.

Social self. The social self is made up of two third-order factors: friendship and love, combining two of the life tasks from the Wheel of Wellness (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) and the Wheel of Wellness Revised (Myers, Sweeney, & Witmer, 2000). Myers and Sweeney (2004) claimed that families are the backbone of this second-order factor with healthier families providing a greater sense of wellness for individuals. The authors noted that the term *family* in this sense is not exclusive to biological families and includes "families of choice" (p. 275).

Essential self. The essential self consists of four third-order factors: spirituality, self-care, gender identity, and cultural identity. This second-order factor combines the life task of spirituality, the core of the Wheel of Wellness (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) and the Wheel of Wellness Revised (Myers et al., 2000) models, with three of the Wheel of Wellness subtasks (i.e., self-care, gender identity, and cultural identity). Myers and Sweeney (2004) explained the essential self is comprised of aspects of life that influence the way an individual views the world around them. Each subtask acts as a filter or a lens for how an individual interprets other individuals with which they interact and life events they experience.

Table 1

Indivisible Self Wellness Model Factors

Second-order Factors	Third-order Factors	Definition
Social Self	Love	Relationships characterized by intimacy, trust, and self-disclosure. Distinguished by a familial, marital, or sexual bond.
	Friendship	Connections and relationships with others, but that do not hold a familial, marital, or sexual commitment.
Physical Self	Nutrition	Maintaining a balanced diet in order to better one's physical health.
	Exercise	Engaging in physical activity in order to better one's physical health.
Essential Self	Spirituality	Practicing personal beliefs and behaviors in an effort to recognize the world beyond one's self.
	Self-Care	Actively taking responsibility for the betterment of one's self by completing tasks and routines to ensure positive wellness.
	Gender Identity	Satisfaction and recognition of one's own gender.
	Culture Identity	Satisfaction and recognition of one's own culture.
Coping Self	Realistic Beliefs	Recognizing impossible goals and being satisfied in one's own imperfection.
	Stress Management	Remaining in tune to one's own stress level and taking steps to reduce stress when needed.
	Self-Worth	Valuing one's self despite mistakes and noted flaws.
	Leisure	Activities that one participates in during free time (e.g., hobbies, interests).

Table 1 Continued

Second-order Factors	Third-order Factors	Definition
Creative Self	Thinking	Maintaining a mentally active lifestyle by properly considering multiple perspectives and embracing a curious approach to learning.
	Emotions	Experiencing and expressing one's feelings appropriately.
	Control	Believing in one's self and properly expressing needs to others.
	Positive Humor	Utilizing humor to accomplish tasks and goals, as well as being able to take life's complications and mistakes light-heartedly.
	Work	Satisfaction in one's career, jobs, chores, and routine tasks.

Physical self. The physical self combines the subtasks of nutrition and exercise from the revised Wheel of Wellness model (Myers, Sweeney, & Witmer, 2000). Myers and Sweeney (2004) recognized the importance of these components, but expressed concern over how they were often more promoted publicly than the other areas of wellness. The authors stressed that wellness is not simply about physical health.

Creative self. The creative self is comprised of thinking, emotions, control, positive humor, and work. Myers and Sweeney (2004) found that the previous life tasks of work and subtasks of sense of humor, and sense of control, fell within the same second-order factor and elected to rename the former subtexts to better illustrate their function. Thinking was not mentioned in the former models and the second-order factor of emotions is derived partially from the previous subtask of emotional response and

coping. The authors explained, "As research and clinical experience suggest, what one thinks affects the emotions as well as the body. Likewise, one's emotional experiences tend to influence one's cognitive responses to similar experiences" (pp. 273-274).

Coping self. The final second-order factor was also partially derived from the subtask of emotional response and coping in the Wheel of Wellness Revised (Myers et al., 2000). The components that completed the coping self are as follows: (a) realistic beliefs, (b) stress management, (c) self-worth, and (d) leisure. Self-worth is a derivative of the former subtask of sense of worth and leisure has been separated from work to represent its own third-order factor. The authors explained that the coping self "...is composed of elements that regulate our responses to life events and provide a means for transcending their negative effects" (p. 274).

EcoWellness

Reese and Myers (2012) presented the concept of a sixth factor of wellness dependent on an individual's relationship and access to the natural world, EcoWellness. They stated that wellness models (IS-Wel, Myers & Sweeney, 2004; Wheel of Wellness, Myers et al., 2000) give credence to nature and an individual's environment, but lack an objective definition of nature and the role it plays in an individual's environment and overall wellness. Utilizing multidisciplinary literature, the authors argued that EcoWellness has a place in the wellness model and is comprised of three aspects: access to nature, environmental identity, and transcendence.

In explaining access to nature, Reese and Myers (2012) emphasized the importance of indulging in nature and the effects that urban living can have on an individual's wellness. The conceptualization of access to nature was based on multiple

studies (e.g., Wells, 2000; Faber Taylor, Kuo, & Sullivan, 2002; Wells & Evans, 2003) that showed individuals with more exposure to nature typically had better attention in school, a more positive concept of self-worth, and more self-discipline when compared to individuals with less exposure to nature.

Environmental identity is explored in how positive experiences with nature can contribute to an individual's wellness. Nisbet, Zelenski, and Murphy (2008, 2010) showed that individuals with strong, powerful environmental identities were more apt to spend time in nature and that nature relatedness correlated with positive affect, autonomy, personal growth, greater purpose in life, and self-acceptance.

Transcendence is defined as incorporating both spirituality and community connectedness with nature to improve wellness. Multiple studies (e.g., Sweatman & Heintzman, 2004; Daniel, 2007; Milligan, Gatrell, & Bingley, 2004) showed that nature has a positive impact on feelings of a Higher Power and social connections. Reese and Myers (2012) discussed practical strategies to integrate nature with counseling. The article offered implications for research including recommended studies that link EcoWellness to holistic wellness and a validation of the three components of EcoWellness. They recommended further development and measurement of EcoWellness interventions to expand on their research.

Wellness Assessments

Wellness models provide a framework to better understand what actions, behaviors, and attitudes work to construct an ideal or healthy level of wellness for individuals. Researchers have constructed multiple assessments (Lee et al., 2007; Myers et al., 1996; Myers & Sweeney, 2005a; Stamm, 2005; Eckstein, 2001; Blais et al., 1999;

Reese, 2013) over the past two decades to quantify an individual's level of wellness. These assessments have provided significant feedback and helped to shape and revise more recent models of wellness.

Counselor Burnout Inventory

The Counselor Burnout Inventory (CBI; Lee et al., 2007) was developed to assess the level of burnout for counselors in an effort to maintain wellness within the counseling profession. Two samples were used to norm the instrument. The first sample consisted of participants recruited via email listservs such as the Counselor Educator and Supervisor Network (CESNET). The second sample was participants from a state counseling association conference in the southeastern United States. The CBI consists of 20 items that participants rated on a Likert-type scale (*1 = never true* to *5 = always true*). The CBI contains five subscales (exhaustion, negative work environment, devaluing client, incompetence, and deterioration in personal life). Internal consistency reliability was .94 in the first sample and .88 in the second sample. Test-retest reliabilities were .81 across all five subscales. Construct validity is demonstrated by an association to the subscales of the Maslach Burnout Inventory (MBI-HSS; Maslach & Jackson, 1981).

Professional Quality of Life Scales

The Professional Quality of Life Scale (ProQOL; Stamm, 2005) is the third revision of the Compassion Fatigue Test (CFST; Figley, 1995; Figley & Stamm, 1996). The revised assessment utilized three subscales (Compassion Satisfaction, Burnout, and Compassion Fatigue/Secondary Trauma) and consisted of 30 items rated on a five-point Likert-type scale (*1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = very often*). The alpha reliabilities for the scales are as follows: Compassion Satisfaction ($n = 457$), .87;

Burnout (n = 379), .72; and Compassion Fatigue (n = 369), .80. The construct validity of the assessment is noted as well established as it has been used in over 200 studies (Stamm, 2005).

The F.A.M.I.L.Y. Self-Care Assessment Inventory

The F.A.M.I.L.Y. Self-Care Assessment Inventory (Eckstein, 2001) is comprised of six subscales measuring aspects of healthy self-care behavior. A review of the book *Health is a Question of Balance* (Brenner, 1978) and writings from several philosophers and theorists influenced Eckstein's own model of wellness based on the acronym F.A.M.I.L.Y. The name comes from the six components of fitness, adaptability, moving through loss, independence, longevity, and "your" motivation. In order to assess individuals' levels of wellness, there are measurements within the components for the physical, emotional, social, mental, and spiritual aspects of their lives. The assessment is a self-report grid design with 30 boxes that the participants rate themselves between 1 and 10 (1 being *significantly below average* and 10 being *significantly above average*). The participants then add up the total and calculate the average in order to determine what areas need improvement in terms of their personal wellness. The questionnaire was designed to help individuals see the various aspects of wellness and come up with a plan to improve the areas in which they are struggling. There are no data confirming the reliability or validity of this assessment.

Schwartz Outcome Scale – 10

The Schwartz Outcome Scale (SOS-10; Blais et al., 1999) was developed in order to measure the level of well being in participants. The assessment is self-report on 10 seven-point Likert-type scale items (*0 = never* to 6 = *all or nearly all the time*). The

assessment went through several revisions before narrowing to 10 items. The items on the original Schwartz Outcome Scale were derived from interviews with focus groups about their wellbeing. The assessment in its final form was tested with three samples and reported a reliability score over .90. Test-retest reliability over a one-week period was reported at .87. The assessment shows high convergent and divergent validity with other scales.

Wellness Evaluation of Lifestyle Inventory

The Wellness Evaluation of Lifestyle (WEL; Myers et al., 1996) was originally constructed to help identify individuals' strengths and weakness in the areas of the Wheel of Wellness (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992). The original assessment consisted of 123 attitudinal statements on a five-point Likert-type scale (*1 = strongly disagree, 2 = disagree, 3 = undecided* or *neutral, 4 = agree,* and *5 = strongly agree*). The assessment was tested and revised over the course of seven years (Myers, Luecht, & Sweeney, 2004). The latest revision has internal consistency reliability measures ranging between .60 for realistic beliefs to .94 for friendship in a study based on 2,295 participants ranging the lifespan. The WEL manual reported that convergent and divergent validity were confirmed for the assessment by comparing conceptually similar scales from other assessments (Myers & Sweeney, 2005a).

Hattie, Myers, and Sweeney (2004) conducted exploratory and confirmatory factor analyses on seven years of data from 5,380 participants who had taken the WEL. The study failed to support the hypothesized Wheel of Wellness as an explanation of the relationships among the areas of wellness (Myers & Sweeney, 2008). Myers and Sweeney (2004) developed a new, evidence-based model based off the results from the

factor analyses.

Five Factor Wellness Inventory

The 5F-Wel (Myers & Sweeney, 2005a) was developed to assess the factors of the IS-Wel (Myers & Sweeney, 2004). The 5F-Wel (Myers & Sweeney, 2005a) consists of 73 attitudinal and behavioral statements that are rated on a four-point Likert-type scale (*1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree*). The 5F-Wel (Myers & Sweeney, 2005a) was normed on 1,899 adult volunteers recruited through university classes, professional workshops, and various research projects. Scores on the 5F-Wel (Myers & Sweeney, 2005a) range between 25 and 100. The mean scores of the normative sample were reported as follows: total wellness ($M = 76.22$, $sd = 12.51$), creative self ($M = 77.80$, $sd = 12.99$), coping self ($M = 72.36$, $sd = 10.63$), social self ($M = 84.06$, $sd = 17.82$), essential self ($M = 78.90$, $sd = 16.15$), and physical self ($M = 70.98$, $sd = 17.00$). In the Five Factor Wellness & Habit Change Workbook (Myers & Sweeney, 2006), the authors discouraged individuals from believing that a score equal to or near the norm is healthy. The authors mentioned that over one third of Americans were considered overweight and another third were considered obese, therefore an individual comparing themselves to the norm group is ill advised. Myers and Sweeney (2006) stated that a score of 90 or above on the scales would be considered healthy. From the previously stated norm scores, we can assume that the general population is not where it could or should be idealistically.

Internal consistency for a sample of 2,093 participants was consistently high for the first-and second-order factors (total wellness = .94, creative self = .92, essential self and physical self = .88, coping self and social self = .85). Third-order factors reliability

ranged between .66 and .87 (Myers & Sweeney, 2005a). The authors reported that the assessment's use in multiple dissertations and studies show the convergent and divergent validity for the 5F-Wel (Myers & Sweeney, 2005a).

Reese EcoWellness Inventory

Reese (2013) constructed and validated the Reese EcoWellness Inventory (REI). Reese created a 62-item likert scale to assess access to nature, environmental identity, and transcendence. Cronbach's alpha for the REI ($N = 782$) is .96 for Overall EcoWellness, .93 for access to nature, .89 for environmental identity, and .93 for transcendence. The validity for the REI needs to be further tested as the researcher reports using a .85 disattenuated r statistic as a guideline rather than a rule. The disattenuated correlation between access to nature and environmental identity was found at .86 ($p < .05$). The result of the assessment validation eliminated only one question from the inventory and slightly changed the original model, breaking access to nature into physical access and sensory access, dividing environmental identity into connection, protection, and preservation, and separating spirituality and community connectedness from the original factor of transcendence. Reese (2013) stated, "...the REI possessed some interesting relationships with Total Wellness. Physical access, spirituality, and community connectedness were statistically significant predictors of Total Wellness" (p. 257).

Wellness Literature by Role

As mentioned in the literature of multiple professional organizations and the ACES best practices committee (ACA, 2014; ASCA, 2010; AMHCA, 2010; Borders et al., 2011; CACREP, 2009; NBCC, 2012;), counselor wellness is an important aspect to

be taken into consideration. Several studies (Lambie et al., 2009; Lawson, 2007; Lenz et al., 2012; Perepiczka & Baldwin, 2010; Pierce & Herlihy, 2013; Roach & Young, 2007; Puig et al., 2012; Schure et al., 2008; Shannonhouse et al., 2014; Shillingford, Trice-Black, & Butler, 2013; Tanigoshi, Kontos, & Remley, 2008; Wester, Trepal, & Myers, 2009) looked at various roles within the counseling field and their relation to wellness. The roles of client, counselor, counselor trainee, and counselor educator are discussed in this section before examining wellness in other fields of study.

Client Wellness

Myers and Sweeney (2008) noted that wellness research including clinical populations is scarce, but a review of available research shows that overall clinical populations tend to score lower wellness scores on the 5F-Wel (Myers & Sweeney, 2005a) than the nonclinical norm population. Despite this, the wellness of counseling clients has been the basis for the creation of many wellness models and assessments (see Myers & Sweeney, 2004; Myers & Sweeney, 2005a; Myers et al., 2000; Sweeney & Witmer 1991; Witmer & Sweeney, 1992; Myers et al., 1996; Stamm, 2005; Eckstein, 2001; Blais, et al., 1999; Reese, 2013). Further, Myers and Sweeney (2005b) discuss the application of wellness counseling in a multitude of settings with various clients. They suggested assessing client wellness using the 5F-Wel (Myers & Sweeney, 2005a) and then targeting the areas of lower wellness in the counseling relationship.

Tanigoshi et al. (2008) and Shannonhouse et al. (2014) found significant increases of wellness in their participants when exposed to wellness-based counseling. Tanigoshi et al. (2008) conducted a quasi-experimental research study using a convenience sample of Louisiana law enforcement officers. Of the 60 original participants, 51 completed the

study. The officers were randomly assigned to a treatment group and a control group. The participants assigned to the control group received one hour of wellness-based counseling sessions every other week for 10 to 15 weeks, while the control group was given no interventions. Both groups completed a pre test and post-test of the 5F-Wel (Myers & Sweeney, 2005a). The results of the study indicated that participants in the treatment group showed a significant increase in four of the five subscales in the 5F-Wel (Myers & Sweeney, 2005a) including coping self, creative self, physical self, and social self. The scores of the participants in the control group showed no significant changes between the pre-test and the post-test.

Shannonhouse et al. (2014) conducted a mixed methods study with a pre-test and post-test of the 5F-Wel (Myers & Sweeney, 2005a) on members of a counseling group for cancer survivors. Of the 14 members, only 6 completed the assessments and were included in the study. The results from the study indicated significant increases in the participants' scores in three of the 5F-Wel (Myers & Sweeney, 2005a) subscales (coping self, essential self, and physical self). These two studies showed that wellness-based counseling services might have a positive impact on clientele wellness.

Fetter and Koch (2009) discussed the application of the IS-Wel (Myers & Sweeney, 2004) model to counseling sessions with clients. The authors stated that constructing a wellness plan based on the needs of the client could prove beneficial for the client and the counseling relationship. Fetter and Koch believed that counselors who consider the perspective of the IS-Wel (Myers & Sweeney, 2004) when working with a client's wellness, may be more apt to consider the client as a whole person and working on their total wellness rather than just pressing concerns. The authors also believe that is

important for counselors to collaborate with other professionals to help the client achieve areas of wellness in which the counselor may not have expertise. For example, the authors suggest referring to nutritionists or fitness experts when working with a client to improve the physical self factor of the IS-Wel (Myers & Sweeney, 2004).

Counselor Wellness

ACA (2014) indicated wellness and self-care practices as an ethical responsibility for counseling practitioners. There were six articles reviewed related to wellness specifically for counseling practitioners (Cummins et al., 2007; Lawson, 2007; Puig et al., 2012; Roysircar, 2009; Skovholt, 2012; Venart et al., 2007). Two of the articles regarding counselors or mental health professionals were research articles (Lawson, 2007; Puig et al., 2012) and four articles were conceptual pieces (Cummins et al., 2007; Roysircar, 2009; Skovholt, 2012; Venart et al., 2007).

Puig et al. (2012) utilized both the 5F-Wel (Myers & Sweeney, 2005a) and the Counselor Burnout Inventory (CBI: Lee et al., 2007) for their study. The authors used a sample of 129 professional mental health counselors to explore relationships between the five burnout subscales of the CBI (*exhaustion, incompetence, negative work environment, devaluing client, deterioration in personal life*) and the five subscales of second-order factors of wellness in the 5F-Wel (Myers & Sweeney, 2005a): *coping self, creative self, essential self, physical self, social self.* The researchers used intercorrelations between the five subscales of the CBI and the five subscales of the 5F-Wel (Myers & Sweeney, 2005a).

Results indicated that all subscales of the CBI had a significant association to at least one of the second-order factors of wellness, except for the social self subscale. The

researchers also completed a multiple regression analysis to identify the relationship between the two assessments' subscales and found that, other than negative work environment, the CBI subscales had statistically significant relationships with the 5F-Wel (Myers & Sweeney, 2005a) subscales. The exhaustion subscale of the CBI was negatively related to the physical self subscale of the 5F-Wel (Myers & Sweeney, 2005a). The authors suggested that counselors who are exhausted by their work may not take the time to exercise or eat nutritiously. Inversely, counselors who do not exercise or eat healthy may be more susceptible to exhaustion at work. The incompetence subscale was negatively related with four of the 5F-Wel (Myers & Sweeney, 2005a) subscales (coping self, creative self, essential self, social self) (Puig et al, 2012).

Puig et al. (2012) postulated that these four 5F-Wel (Myers & Sweeney, 2005a) subscales contained vital elements of wellness including the third-order factors of self-worth, friendship, self-care, and emotions. The devaluating client subscale was negatively related with the creative self subscale, specifically the third-order factor of thinking. The authors speculated that this could be symptomatic of compassion fatigue, in an effort to devalue or perhaps even disregard client issues. Finally, the deterioration of personal life was negatively related with leisure, stress management, and self-worth, all third-order factors within the coping self subscale. The researchers concluded that the results highlighted the importance of counselors' adherence to ethical guidelines regarding wellness in order to maintain a healthy lifestyle for the benefit of themselves and their clients.

Lawson (2007) conducted a survey with 501 respondents utilizing the Professional Quality of Life Scale-Third Edition-Revised (ProQOL-III-R; Stamm, 2005)

and the Career-Sustaining Behaviors Questionnaire (CSBQ; Kramen-Kahn & Hansen, 1998; Stevanovic & Rupert, 2004) as well as a demographic questionnaire. The CSBQ is a 34-item Likert-type scale measuring the perceived importance of specific strategies in helping the counselor function effectively and maintain a positive attitude. Of the career-sustaining behaviors, the most endorsed were as follows: (a) sense of humor; (b) spend time with partner/family; (c) maintain balance between professional and personal lives; (d) maintain self-awareness; and (e) maintain sense of control over work responsibilities. In regards to the ProQOL-III-R, the respondents reported lower scores on both burnout and compassion fatigue scales than the published norm. Additionally, the respondents scored higher than the published norm on the compassion satisfaction scale.

Conceptual pieces (Cummins et al., 2007; Roysircar, 2009; Skovholt, 2012; Venart et al., 2007) examined the importance of self-care for counselors specifically. Skovholt (2001) detailed several concepts and techniques that helping professionals could implement in order to improve their personal wellness. Skovholt (2012) later conceptualized 10 different tasks to assist counselors in increasing their own resiliency (pp. 139-143):

- Losing one's innocence about the need to assertively develop resiliency and self-care skills – Recognizing that making one's own needs a priority is essential in the ability to care for others;
- Developing abundant sources of positive energy – Creating everyday habits and routines that help to replenish one's vigor for their life and profession;
- Relish the joy and meaning of the work as a positive energy source – Taking pride in having a positive impact on the lives of others;

- Searching for empathy balance – Actively setting boundaries that allow oneself to relate to a client's affect while maintaining an appropriate distance in order to not get overly invested in their life story;
- Developing sustaining measures of success and satisfaction – Widening one's definition of success to include small but meaningful accomplishments;
- Creating a greenhouse at work – Advocating for a hospitable work environment that allows for growth both professionally and personally;
- Avoid too many one-way caring relationships in one's personal life – Protecting oneself from unhealthy relationships that extract more energy than they return;
- Our own physical health as a source for positive energy – Eating nutritiously, exercising, practicing mindfulness and appropriate sleeping patterns, and spending time with loved ones;
- A long-term continual focus on the development of the self – The process of becoming more self-aware through personal counseling and continuing education; and
- Having fun and joy in one's life – Taking a timeout from the often seriousness of counseling work and enjoying more light-hearted pursuits.

Skovholt (2012) focused on the idea that counselors' jobs can oftentimes be seen as distressing and how there is a need for counselors to actively pursue their own wellness in order to become more resilient. Skovholt stated, "Becoming, and being, a resilient counselor is about our own wellness" (p. 143).

Going beyond individual benefits, some authors and researchers have seen self-care as a form of social justice advocacy. Roysircar (2009) referenced a Martin Luther

King Jr. speech while addressing the American Psychiatric Association. King declared that while mental health professionals work to help clients become well-adjusted, there are aspects of existence that individuals should never become adjusted to, including war, poverty, and racism. Roysircar expanded on the importance of Dr. King's words in her description of various disaster relief trips she had been on and served alongside many graduate students in downtrodden and poverty stricken areas of the world. She saw the effect that trauma counseling was having on the students and discussed the importance of self-care and how individuals are not fully prepared to help others if they are still burdened with too many of their own problems. Roysircar related self-care back to social justice by explaining that if counselors do not care for themselves they will not be able to care for others.

Cummins et al. (2007) discussed challenges to wellness that counselors often face. The authors described how a counselor's personal wellness is affected by the following: personal vulnerability to distress, relationship with the client, work environment, recognition of traumatic stress, and supervision. These variables can support or detract from a counselor's wellness. For example, Cummins et al. discussed how distressing events occurring in a counselor's personal life make them more likely to be negatively affected by a client's personal distresses. They discussed the importance of a wellness plan for counselors, explaining both personal and professional wellness and using techniques examined by Skovholt (2001). Additionally, several assessments identifying a counselor's current level of wellness were discussed, including the WEL (Myers, Sweeney, & Witmer, 1996), 5F-Wel (Myers & Sweeney, 2005a), The

F.A.M.I.L.Y. Self-Care Assessment Inventory (Eckstein, 2001), and ProQOL (Stamm, 2005).

Venart et al. (2007) wrote a piece on sustaining wellness for counseling professionals. The authors based their piece on four aspects of wellness that they deemed important from reviewing previous literature: (a) physical wellness; (b) emotional wellness; (c) cognitive wellness; and (d) interpersonal self: relationships. These aspects, or components, of wellness were further broken down into multiple factors.

The first aspect of physical wellness was *calming the body*, which Vernart et al. (2007) described as utilizing deep breathing, massage, and meditation. Another factor of physical wellness was *nutrition*, in which the authors describe the importance of eating healthy and avoiding substances like nicotine or alcohol. The third factor of physical wellness was *grounding through our senses*. This was described as paying attention to what our bodies needed. The last factor was *healing through movement and music*. The authors discussed aerobic exercises such as yoga and dancing that promoted physical health.

Another component of wellness according to the authors was emotional wellness. The first factor of this aspect was *tuning in to emotion*. The article encouraged counselors to better pay attention to their own feelings by enjoying quiet time alone, watching an inspirational movie, or reading a good book. The second factor of emotional wellness was *self-reflection and self-awareness*. The authors stated that both self-reflection and self-awareness would help the counselors maintain proper boundaries with clients and not be consumed with work. *Expressing emotion* was the third and final factor of emotional

wellness. The authors noted that it was important for counselors to face their own feelings and talk about them with others that they consider supportive.

The third component of wellness was cognitive wellness. The first factor of cognitive wellness was *factors bolstering and challenging cognitive health.* The authors described this as avoiding black-and-white thinking, encouraging curiosity in oneself, and being able to admit to mistakes. The second factor of *sharing the journey with clients* was described as the counselor being able to recognize that their clients' well being was not solely dependent on their counseling. This allowed the counselor to share responsibility with the client. The authors encouraged counselors to *celebrate personal accomplishments and rewards of the work* and *engage in lifelong learning* as the third and fourth factors in cognitive wellness. The final factor of cognitive wellness was *getting involved in something greater than yourself.* The authors encouraged counselors to get involved with the American Counseling Association, community groups, or political action groups to increase their sense of worth, control, and empowerment.

The final component of wellness, the interpersonal self, dealt with the social and professional relationships of the counselor. Venart et al. (2007) encouraged counselors to spend time with friends and family as well as seek out their own personal counseling. The authors also discussed consultation with colleagues and peer support groups. This would involve the counselors opening up about their countertransference or wellness issues with other counselors. The authors also discussed supervision and how that can help counselors maintain wellness by giving them alternate perspectives of a client or case.

Counselor Trainee Wellness

A focus on counselor trainee wellness has increased over the last several years. There were 11 articles reviewed specifically pertaining to counseling trainees (Foster, 2010; Lambie, Smith, & Ieva, 2009; Lenz & Smith, 2010; Lenz, Sangganjanavanich, Balkin, Oliver, & Smith, 2012; Perepiczka & Baldwin, 2010; Pierce & Herlihy, 2013; Roach & Young, 2007; Schure, Christopher, & Christopher, 2008; Wolf et al., 2014; Wolf et al., 2012; Yager & Tovar-Blank, 2007). Six of the articles were research articles (Lambie et al., 2009; Lenz et al., 2012; Perepiczka & Baldwin, 2010; Pierce & Herlihy, 2013; Roach & Young, 2007; Schure et al., 2008). The other four articles (Foster, 2010; Lenz & Smith, 2010; Wolf et al., 2012; Yager & Tovar-Blank, 2007) were conceptual pieces on wellness and counselor trainees.

Lenz and Smith (2010) conceptualized the Wellness Model of Supervision (WELMS). The authors based their model from wellness approaches for clients (Myers et al., 2000; Myers & Sweeney, 2004; Granello, 2000). The model consisted of four components: (a) education; (b) assessment; (c) planning; and (d) evaluation. The first component, education, stressed the importance of educating supervisees on the various models of wellness as well as developing their own personal definition of wellness. Assessment, the second component, consisted of the supervisee gaining a more objective measurement of wellness and a deeper understanding about how their personal wellness relates to their functioning and counseling skills. The third component of planning was comprised of the supervisor and supervisee working together to develop a personal wellness plan. The fourth and final component of the WELMS was evaluation, in which the supervisor and supervisee looked over the supervisee's progress in the areas of wellness on which they agreed to work. Once the supervisor and supervisee had

completed the four components of the WELMS, they could decide and agree on a new area of wellness and repeat the process.

Lenz et al. (2012) conducted a quasi-experimental study comparing the WELMS with alternative models of supervision in terms of effectiveness of developing wellness constructs, total personal wellness, and helping skills amongst counselor trainees (N = 44). The participants completing their internship requirements at the university clinic were assigned to the WELMS condition, while participants who were completing their internship requirements off campus were assigned the alternative models of supervision condition. The participants filled out a wellness definition prompt and the 5F-Wel (Myers & Sweeney, 2005a) once at the beginning of the semester (pre-test) and again 10 weeks later (post-test). The researchers also utilized the Counseling Skills Scale (CSS; Eriksen & McAuliffe, 2003) to evaluate students' skills in two recordings made during their internship semester as a pre-test and post-test measure. The wellness definition prompts were coded and examined by the researchers using the third-order factors of the IS-Wel (Myers & Sweeney, 2004) to conduct frequency counting of noted activities.

Lenz et al. (2012) then used a split-plot analysis of variance (SPANOVA) to examine all of the measurements. The results from the SPANOVA indicated that students who received supervision from supervisors utilizing the WELMS increased the amount of variables in their personal wellness definition significantly when compared to the alternative models of supervision participants. The results also indicated that participants had recorded a similar level of total wellness in the pre-test, but the post-test showed the WELMS participants had a significant increase in their total wellness score while the other group a significant decrease in their total wellness score. Both groups were found to

increase in counseling skills on the post-test CSS.

Roach and Young (2007) used a mixed methods approach to examine the specifics of the counselor education program in which the trainees were involved and whether the programs offered a wellness course and required personal counseling as part of the program. Of the 204 counselor trainees sampled, 48% reported that their programs offered a wellness course, 62% reported a mandatory requirement of personal counseling from their program, and 38% reported that they had no requirement for personal counseling. However, results of the ANOVA indicated that there was not a significant difference in total wellness between the groups for the 5F-Wel (Myers & Sweeney, 2005a).

Roach and Young (2007) also examined if participants differed in scores of total wellness according to time spent in the counseling program. The participants were divided in groups according to how many hours they had completed in their counseling programs resulting in three groups, beginning, middle, and end in regards to training. The study focused only on master's level trainees. "Results of the trend analysis in the 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," the study reported (p. 34).

Roach and Young (2007) also included the open-ended question, *What, if anything, have you learned in your counseling course work that has helped you develop knowledge and skills regarding your personal wellness?* The responses of 84 participants were then categorized by the following: 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. The researchers categorized the responses from trainees according to the five factors of the IS-Wel (Myers & Sweeney, 2004) and emphasized the need for counselor education programs to educate trainees about the importance of building and maintaining healthy interpersonal relationships. Participant responses were also used to show that self-care was being prioritized in their programs. Many participants responded that their programs integrated self-care into all the courses. However, only five students responded in a physical self sense, perhaps noting the need to stress the importance of educating about nutrition and exercise (Roach & Young, 2007).

Lambie et al. (2009) also utilized the 5F-Wel (Myers & Sweeney, 2005a) to assess the wellness of 111 master's level counselor trainees. The study aimed to discover the relationship between ego development, wellness, and psychological disturbance. The other assessments used in this study included the Washington University Sentence Completion Test (WUSCT; Hy & Loevinger, 1996) to assess ego development and the Outcome Questionnaire-45.2 (OQ-45.2; Lambert et al., 2004) to assess psychological disturbance. Simultaneous multiple regression was applied to the ego development scales and wellness scales as well as the ego development scales and psychological disturbance scales. The results supported that higher levels of ego maturity predicted higher levels of total wellness.

Schure et al. (2008) conducted a phenomenological study to explore 33 participants that had enrolled in an elective graduate course titled "Mind/Body Medicine & the Art of Self-Care." The study was conducted over four years and data collection

came from a final journal assignment, in which students were asked questions that pertained to their improvement of life outside of class. Most students reported liking practices learned in the course. Other mentions came from working with clients and how they planned to implement wellness practices in their future professions as counselors. The first question (*how has your life changed over the course of this semester in ways that may be related to the class?*) corresponded with five themes: physical changes, emotional changes, attitudinal or mental changes, spiritual awareness, and interpersonal changes. Students mostly expressed positive changes regarding these areas. Many students also responded to the fourth question (*how do you see yourself integrating, if at all, any of the practices from class into your clinical practice [or career plans]?*) that personal practice would be beneficial in their future.

Wolf et al. (2014) implemented a pilot wellness program for counselor trainees at a counselor education program located in the southeastern United States. These activities consisted of 14 workshops that educated participants on various forms of wellness based on the IS-Wel (Myers & Sweeney, 2004). In addition to program sponsored co-curricular wellness activities and workshops, participants were encouraged to set wellness goals for the semester and given periodic reminders to continue their individual goals. To explore the effects of the wellness program on the trainees, a mixed-methods approach was utilized. Before workshops were offered, a pre-test of the 5F-Wel (Myers & Sweeney, 2005a) was administered to the participants and again at the end of the semester as a post-test ($N = 38$). All participants increased in levels of Total Wellness between pre- and post-tests. The second-order factor of social self and the third-order factors of emotions, self-worth, realistic beliefs, friendship, love, spirituality, cultural identity, gender identity,

self-care, and exercise did not have a statistically significant change.

Participants were also invited to participate in an interview regarding the impact of the program ($N = 3$). Themes identified from the interviews were as follows: (a) willingness to change, (b) self-awareness, (c) connection to spirituality, and (d) maintaining balance. The researchers were unable to determine a singular component of the program that helped to increase wellness; however, they were able to conclude that exposure to wellness education and encouragement did have a significant impact on overall counselor trainee wellness.

Research studies exclusively regarding doctoral level counselor trainee wellness are limited (Perepiczka & Baldwin, 2010; Pierce & Herlihy, 2013). Pierce and Herlihy (2013) conducted a phenomenological study to explore the wellness experiences of doctoral level counselor trainees ($N = 7$). Specifically, the targeted sample included doctoral level counselor trainees that were mothers to children under the age of 18. Participants were recruited from three CACREP institutions. Data were collected from individual interviews, focus groups, and participant essays or journals. Validation procedures included peer debriefing, journaling, member checking, and triangulation of data. Results from the data produced five categories of participants' experiences: (a) views of motherhood/womanhood (socialization); (b) sacrifices and rewards; (c) counselor education program support; (d) wellness; and (e) dissonance in multiple roles. The themes throughout the five categories were as follows: (a) mothers' modeling, education, extended family and others' impact; (b) support from faculty and cohorts; and (c) wellness.

Pierce and Herlihy (2013) found that all participants reported some sacrifice of

holistic wellness while in their doctoral program. Many also reported a loss of connection to friends and family. One participant reported a panic attack she experienced during her program and felt that she had a loss of support from her husband due to it. Two participants reported significant weight gain and a neglecting of physical wellness. The researchers stated that a sacrifice of some areas of wellness were one of the most common elements amongst the participants. They stated that more faculty and collegial support could have positively influenced aspects of wellness in the participants. The implications for counselor education included flexibility of class times as well as faculty mentorships for students.

Perepiczka and Baldwin (2010) looked at doctoral level counseling trainees' (N = 173) wellness using the 5F-Wel (Myers & Sweeney, 2005a) and demographic information. Perepiczka and Baldwin (2010) wanted to determine whether age, matriculation, and/or relationship status were related to the wellness of counselor trainees. Using a simultaneous multiple regression analysis, Perepiczka and Baldwin (2010) concluded that there were no significant relationships between total wellness and age, year of study, or relationship status.

Foster (2010), Wolf et al. (2012), and Yager and Tovar-Blank (2007) are conceptual pieces that focused on what programs could do to increase wellness amongst counselor trainees in general. Wolf et al. (2012) discussed three ways for counselor educators to integrate wellness into their programs: (a) faculty members should conduct themselves as role models by engaging in self-care practices, (b) incorporating wellness into multiple classes much like multicultural awareness and ethics, (c) wellness as co-curriculum allowing counseling students to implement wellness into their own lives

outside of the classroom.

Yager and Tovar-Blank (2007) delivered 10 tips for counselor education programs to increase wellness amongst students. The authors stressed the importance of learning wellness and self-care while in training to become a counselor. The tips offered include the following:

- Introduce wellness directly;
- Associate the self-growth;
- Self-awareness emphasis of counselor education with wellness;
- Model wellness for counseling students;
- Communicate that perfection is not the goal of wellness;
- Present wellness as a lifestyle choice for counselors;
- Encourage personal counseling as a support;
- Review the perspectives on wellness in the ACA Code of Ethics;
- Promote a wellness philosophy in all courses;
- Develop innovative ways to reinforce students' attention to wellness; and
- Expose counseling students to a positive humanistic view of human nature

Yager and Tovar-Blank also discussed the impact they believed that implementation of these tips would have on the effectiveness of counseling practice as well as making counseling students' lives more positive and less stressful.

Foster (2010) discussed his own pursuit of wellness and the factors that have helped him along the way. Foster stated his beliefs that students must actively choose to participate in wellness activities and be open to pursuing wellness in a variety of means. He cautioned that students should only make a few small changes at a time to avoid

getting overwhelmed by too many big changes. Foster argued that counselor educators have an ethical responsibility to integrate wellness into counselor education curriculum and presented his Wellness Cube Model (WCM). The WCM is designed to help counselor education programs integrate wellness in their courses. CACREP content areas and Chi Sigma Iota involvement are combined with the third-order factors of the IS-Wel (Myers & Sweeney, 2004) and Adlerian principles to create a multi-dimensional experience of wellness in counselor educations programs. Foster stressed the need to create wellness intervention curriculum and stated his hope that the WCM would be used as a tool to help counselor educators achieve this.

Foster (2010), Wolf et al. (2012), and Yager and Tovar-Blank (2007) all discussed the role and responsibility of faculty in terms of student wellness. Yager and Tovar-Blank (2007) stated, "Counselor educators can be more effective in teaching wellness when they demonstrate it directly with their own behavior" (p. 145). Wolf et al. (2012) explained, "As faculty members engage in self-care practices, they set a standard of wellness for their students to follow" (p. 174). Foster (2010) discussed the ethical responsibility of counselor educators by citing the ACA *Code of Ethics* (2005).

Having a wellness component in all courses is another important point made in all three articles. Yager and Tovar-Blank (2007) suggested preplanned wellness reminders and wellness assignments for every course. Wolf et al. (2012) suggested ideas for incorporating wellness into specific courses and mentioned, "Just as one course in multicultural counseling does not create a culturally competent counselor, a limited wellness curriculum does not reinforce effective and ongoing wellness strategies" (p. 174). Foster (2010) developed the Wellness Cube Model implementing the third-order

factors of the IS-Wel (Myers & Sweeney, 2004) into a standard counseling curriculum. Wolf et al. (2012) suggested support groups in order to promote wellness for counseling trainees. Both Foster (2010) and Yager and Tovar-Blank (2007) mentioned Chi Sigma Iota, an international academic honor society in counselor education, as a good resource to promote wellness through workshops and social engagements.

Counselor Educator Wellness

The research on counselor educators and wellness is limited. Two studies pertained to counselor educators and their level of wellness (Shillingford, Trice-Black, & Butler, 2013; Wester, Trepal, & Myers, 2009), and another article is a conceptual piece (Hill, 2004) about challenges for pretenured faculty.

Wester et al. (2009) utilized a demographic survey, the 5F-Wel (Myers & Sweeney, 2005a), and the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983) with 180 counselor educators to examine the relationship between the role in the department, relationship status, and whether the participants had children. The mean of total wellness for the counselor educators was significantly higher than the mean of the general population used to validate the 5F-Wel (Myers & Sweeney, 2005a). The results did not show a statistically significant difference between married and unmarried participants in terms of total wellness. However, there was significant difference between the two groups in terms of the social self and physical self subscales, with married individuals reporting a higher factor than those not married. The study also found that individuals who reported that they did not have children had higher scores on the essential self subscale than those who did.

Shillingford et al. (2013) conducted a phenomenological study to explore the career and wellness experiences of minority female faculty in counselor education (N = 8). Four textural descriptions were identified from the results of interviews: (a) attraction to the field of counselor education; (b) challenges resulting from female minority counselor educator status; (c) feelings of personal successes, and (d) wellness practices beneficial to personal and professional success. Six factors were within the wellness practices textural description: (a) spirituality; (b) self-care plan; (c) the motivation to excel; (d) setting boundaries; (e) developing a strong professional identity; and (f) developing and maintaining a positive support system. All the participants expressed spirituality as a factor that benefitted them and motivated them to continue progressing; they mentioned some form of a self-care plan as a factor that helped them balance their personal and professional lives. Further, most of the participants discussed motivation and how it helped them achieve both personal and professional successes. Setting boundaries or prioritizing was an important factor to all of the participants in the study. The researchers found that developing a strong professional identity was an important factor of wellness in that it helped the participants feel a sense of belonging. Lastly, participants discussed mentorships and support systems as being an important element in their personal wellness.

Hill (2004) discussed the challenges experienced by pretenured faculty members and provided recommendations for promoting wellness. The challenges examined included multiple demands and time constraints, professional and personal isolation, unrealistic expectations, and insufficient feedback and recognition. Hill also discussed multiple recommendations for both the individual-level of the faculty member and

system-level of the counselor education program. For the individual-level, the author recommended that pretenured counselor educators (a) implement both a wellness plan and a stress-management program for themselves; (b) become familiarized with the literature of stress, coping, burnout, and wellness; and (c) network and collaborate with other colleagues in an effort to build social support. The system-level recommendations were that programs (a) have constant dialogue with graduate students about the demands of academia and how to balance their professional and personal lives; (b) hold workshops about wellness; (c) create a wellness community of educators and students; and (d) provide peer-mentoring groups. Hill also discussed the importance of clear guidelines for obtaining tenure and providing specific and accurate feedback to pretenured faculty.

Wellness Literature in Other Disciplines

There are several articles available pertaining to wellness in individuals outside of the counseling profession. There were seven research articles reviewed (Craig & Sprang, 2010; El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012; Lewis & Myers, 2012; McDonald, 2011; McGrady, Brennan, Lynch, & Whearty, 2012; Richards, Campenni, & Muse-Burke, 2010; Sinclair & Myers, 2004). Three articles utilized the 5F-Wel (Myers & Sweeney, 2005a) in their research (Lewis et al., 2012; McDonald, 2011; Sinclair et al., 2004). Lewis and Myers (2012) and Sinclair and Myers (2004) looked at undergraduate college students and wellness. Specifically, Lewis et al. (2012) examined the likelihood of drinking and driving pertaining to the five factors of wellness amongst college students. Data were collected from 108 undergraduate students that completed the 5F-Wel (Myers & Sweeney, 2005a) and the Alcohol Survey – Modified (AS-M; Thombs, 1999). Results indicated that higher scores for the physical self and coping self factors

were predictive of a lessened likelihood to drink and drive. The researchers speculated that students who scored lower in coping self may have trouble realizing how much they had to drink and that may contribute to them drinking and driving more often.

Sinclair and Myers (2004) studied the relationship between body image and wellness for 190 heterosexual European American female college students who completed both the 5F-Wel (Myers & Sweeney, 2005a) and the Objectified Body Consciousness scale (OBC; McKinley & Hyde, 1996) as well as a demographic questionnaire which contained a prompt regarding participants' Body Mass Index (BMI). Both coping self and creative self produced significant negative correlations with the body shame subscale of the OBC; a significant negative correlation was also indicated between coping self and the body surveillance subscale of the OBC. The researchers discovered a significant positive correlation between physical self, creative self, coping self, and social self scales and the appearance control belief subscale of the OBC. The researchers concluded that the coping self and creative self second-order factors could be disturbed if participants focused too much on body image (Sinclair & Myers, 2004). Another conclusion was drawn that participants with heightened Total Wellness scores may feel that they have more control over their appearance.

McDonald (2011) looked at the 5F-Wel (Myers & Sweeney, 2005a) scores among individuals that spent formative developmental years in a country other than their country of citizenship, also referred to as transculturals. Snowball sampling was utilized to recruit 289 participants for the study, all of who identified as transcultural. A total of 32 countries were represented amongst the participants. Despite previous literature indicating that transculturals would score lower on the 5F-Wel (Myers & Sweeney,

2005a) than the normative population, the results from the study indicated that the transculturals scored significantly higher than the normative population in all subscales. The researcher explained that the available literature on the transcultural population is sparse and incomplete. McDonald encouraged counseling professionals and researchers to work to identify strengths in transcultural individuals that may assist them in their personal wellness.

El-Ghoroury et al. (2012), McGrady et al. (2012), Richards et al. (2010), and Craig and Sprang (2010) used assessments other than the 5F-Wel (Myers & Sweeney, 2005a) to look at wellness with their participants. El-Ghoroury et al. (2012) and McGrady et al. (2012) both examined wellness amongst graduate level students. El-Ghoroury et al. (2012) examined stressors, coping, and barriers to wellness among psychology graduate students. The researchers recruited 387 psychology graduate students to complete a researcher-made survey. The most common stressors reported included academic responsibilities, finances and debt, anxiety and poor balance between work and school. The most common coping strategies reported were support from family, friends, and classmates. The most common barriers to wellness reported were cost of wellness activities and lack of time.

McGrady et al. (2012) looked at wellness amongst first year medical students. The researchers utilized the Beck Depression Inventory (BDI-II; Beck, Steer, & Brown, 1996), Beck Anxiety Inventory (BAI; Beck & Robert, 1993), Social Readjustment Rating Scale-Revised (SRRS-R; Hobson et al., 1998), and a brief questionnaire indicating the frequency of acute illness three separate times during the medical students' first year. A wellness program was developed and two groups of students were used in the

experiment: students enrolled in the wellness program (experimental group) and students placed on the waitlist for the wellness program (control group). The researchers noted a significant drop in scores related to depression and anxiety amongst participants in the experimental group versus the control group.

Craig and Sprang (2010) and Richards et al. (2010) examined self-care practices of clinical psychologists and clinical social workers. Richards et al. (2010) utilized multiple measures in a survey of 148 clinical psychologists and clinical social workers. The self-care survey participants were provided a broad definition of self-care, "...any activity that one does to feel good about oneself" (p. 252). The researchers explained that self-care could be categorized as physical, psychological, spiritual, and support. The participants were then asked how often they engaged in activities related to the categories and to indicate their views of the importance of each self-care component. The participants were also given the Self-Reflection and Insight Scale (SRIS; Grant, Franklin, & Langford, 2002), the Mindful Attention and Awareness Scale (MAAS; Brown & Ryan, 2003), and the Schwartz Outcome Scale-10 (SOS-10; Blais et al., 1999) in an effort to measure self-awareness, mindfulness, and well being, respectively. Self-care frequency, self-awareness, mindfulness, and well being was found to be significantly positively correlated with self-care importance. Based on the findings, the researchers suggested that an individual must achieve a state of mindfulness to recognize the importance of self-care in order to obtain the benefits of well being.

Craig and Sprang (2010) researched whether the increased utilization of evidence-based practices had an impact on compassion satisfaction, compassion fatigue, and burnout. The researchers looked specifically at 532 clinical psychologists and clinical

social workers who specialized in trauma and its relation to compassion satisfaction, compassion fatigue, and burnout using the Professional Quality of Life Scale (ProQOL-III; Stamm, 2005) and the Trauma Practices Questionnaire (TPQ; Craig & Sprang, 2009; Sprang & Craig, 2007). The TPQ consisted of 19 items measuring the use of six factors (EMDR, cognitive therapy, behavior therapy, psychodynamic therapy, eclectic therapy, and solution focused therapy) on a seven-point Likert-type scale (*1* = *never* to *7* = *always*). Ten evidence-based items from the TPQ were utilized to determine whether the therapist used evidence-based practice. Out of a possible score of 60, therapists with a score of 20 or below (i.e., marking 2 or lower on all 10 items) were considered non-evidence based. The researchers conducted a hierarchical regression and results indicated that the mental health professionals who utilize evidence-based approaches report significantly lower levels of compassion fatigue and burnout and higher levels of compassion satisfaction. The researchers speculated that individuals who utilize evidence-based approaches may feel more equipped to handle the distress of trauma treatment.

Summary of Major Findings

Numerous studies have been conducted on wellness and the role it has in individuals' lives. Available wellness research offer significant findings pertinent to the exploration of wellness in the experiences of counselor education doctoral students. Counseling practitioners, counselor trainees, and counselor educators tend to report faring better in areas of wellness than the general population (Lambie et al., 2009; Perepiczka & Baldwin, 2010; Roach & Young, 2007; Schure et al., 2008; Wester et al., 2009), other than in the physical self second-order factor (Perepiczka & Baldwin, 2010; Roach &

Young, 2007). Inversely, individuals involved in the counseling field report lower levels of burnout and compassion fatigue than the general population (Lawson, 2007). However, in a phenomenological study (Pierce & Herlihy, 2013), participants reported their overall wellness as a major sacrifice to pursue doctoral studies in counselor education. In the same study, participants reported feeling overwhelmed, overworked, and overstressed. Wester et al. (2010) reported findings that an individual's perceived level of stress has a negative correlation with their overall wellness.

The process of training can also have a negative effect on individuals' wellness. Lawson (2007) reported that counselors who attended more group supervision or participated in case consultation more than other counselors tended to report higher levels of compassion fatigue and burnout. Lenz et al. (2012) found that participants who received supervision that did not have a focus of wellness reported a decrease in total wellness scores after 10 weeks. An explanation of this could be that the trainees were experiencing the stress of being enrolled in a graduate level counselor education program and were not receiving training regarding their own wellness.

The feeling of incompetence is also common in graduate level programs and may have negatively affected the participants' wellness. Puig et al. (2008) found a negative correlation between the Incompetence subscale on the CBI (Lee et al., 2007) and four of the second order factors (essential self, coping self, creative self, and social self) of the 5F-Wel (Myers & Sweeney, 2005a). A negative relationship between the exhaustion subscale and coping self, creative self, and physical self was also found (Puig et al., 2008). El-Ghoroury et al. (2012) conducted a study with graduate students in psychology, a similar field to counseling, and found that over 70% of the participants reported at least

one stressor they believed interfered with their optimal functioning. In a study on first year medical school students, McGrady et al. (2012) reported an increase of anxiety over the first few months of the program.

Faculty involvement was seen as an important component to encouraging counselor trainees' wellness in several articles (Foster, 2010; Lenz et al. 2012; Pierce & Herlihy, 2013; Roach & Young, 2007; Schure et al., 2008; Wolf et al., 2012; Yager & Tovar-Blank, 2007). Pierce and Herlihy (2013) reported a desire for more support from faculty as a common theme among their participants. Foster (2010), Wolf et al. (2012), and Yager and Tovar-Blank (2007) offer suggestions for counselor education programs to show more support for counselor trainees. Shillingford et al. (2013) found that a common reason their participants became involved in counselor education was that they felt a need for changes in counselor education competencies as well as the profession.

As mentioned earlier, the second-order factor of physical self in the 5F-Wel (Myers & Sweeney, 2005a) is an area of struggle for some counselor trainees (Perepiczka & Baldwin, 2010; Roach & Young, 2007). Roach and Young (2007) found that counselor trainee participants reported average scores of the physical self subscale. However, when asked about what they had learned in their counseling program in regards to their own wellness, only five participants responded with an answer categorized as a physical self response. The authors offered that the programs put such a demand on participants that time limits may serve to decrease individuals' ability to exercise and eat nutritiously. For example, El-Ghoroury et al. (2012) reported that one of the most common barriers to wellness for psychology graduate students was the availability of time.

Schure et al. (2008) found that students reported short-term physical changes from learning self-care activities had a meaningful effect on physical, spiritual, emotional, mental, and interpersonal aspects of their lives. Lewis and Myers (2012) found that undergraduate students who reported higher IS-Wel (Myers & Sweeney, 2004) physical self scores were less likely to indulge in drunk driving or ride with an impaired driver. In their study of clinical psychologists and clinical social workers, Richards et al. (2010) described a positive correlation in the reported frequency of self-care and well being. Furthermore, Sinclair and Myers (2004) found in their study of undergraduate European American females that participants with excessive body image disturbances tend to score lower in the IS-Wel (Myers & Sweeney, 2004) second-order factors of creative self and coping self. Both of these second-order factors contained important third-order factors to education, such as thinking and stress management.

Lawson (2007) reported that counselors regarded the following career sustaining behaviors as very important: (a) maintain a sense of humor; (b) spend time with partner/family; (c) maintain balance between professional and personal lives; (d) maintain self-awareness; and (e) maintain sense of control over work responsibilities. Similarly, El-Ghoroury et al. (2012) reported that psychology graduate students saw support from friends, family, and classmates as an important coping mechanism while in school. Pierce and Herlihy (2013) found that several of their participants expressed feelings of support from their cohort members.

Limitations of Previous Research

Qualitative approach is lacking in the research of wellness and self-care. Several of the articles recommended qualitative measures for future research (see Lawson, 2007;

Lenz et al., 2012; Perepiczka & Baldwin, 2010; Wester et al., 2009; McDonald, 2011). McDonald (2011) and Lawson (2007) wrote that quantitative measures can be limiting to participants and that a qualitative study would have allowed the participants to be unrestricted in their responses. Perepiczka and Baldwin (2010), Lenz et al. (2012), and Wester et al. (2009) conveyed that qualitative research would allow a more in-depth understanding of wellness within their studies, allowing the participants to speak to the factors that affect individuals' wellness. The vast majority of the studies reviewed utilized self-report measures such as the 5F-Wel (Myers & Sweeney, 2005a) and the ProQOL (Stamm, 2005); however, many of the authors admitted that measures of wellness can be skewed due to social desirability (Lambie et al., 2009; Lenz et al., 2012; Perepiczka & Baldwin, 2010; Wester et al., 2009; El-Ghoroury et al., 2012; McDonald, 2011; Richards et al., 2010; Sinclair & Myers, 2004).

Roach and Young (2007), Schure et al. (2008), Pierce and Herlihy (2013), Shillingford et al. (2013), and Wolf et al. (2014) utilized qualitative methods to provide more depth regarding wellness in counselor education programs. Roach and Young (2007) added an open-ended prompt at the end of the 5F-Wel (Myers & Sweeney, 2005a). However, only 41% of participants responded to the prompt asking about what they had learned, if anything, in regards to wellness during their counseling program. The 59% that did not choose to answer this prompt may have provided valuable information had they been asked in an interview setting. Another limitation of this study was that it only sampled participants from three universities all located in the southeastern United States.

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Schure et al. (2008) conducted a study at a single university in which they explored the experiences of participants that were enrolled in elective self-care classes. The study lasted for four years and investigated the journal entries of students at the end of the course. The journal entries were turned into the professor in charge of the course. While it was expressed to the students that the journal entries did not count for a grade, the fact that the professor of the course was reading over the journal entry may have had an influence on what was written by the students. Pierce and Herlihy (2013) conducted a phenomenological inquiry to explore the experiences of mothers while enrolled in a doctoral counselor education program. The study was limited by the fact that participants were all living in the southeastern region of the United States. Shillingford et al. (2013) explored the experiences of female minority counselor educators. The study came from a single individual interview with each of the participants, which did not allow for the

triangulation of data. Wolf et al. (2014) was based on single program in the southeastern United States and only had three interview participants.

Typical samples of participants used in these studies were convenience or purposive samples collected from a single university in one geographical location of the United States. None of the studies explored the collective experiences of doctoral counselor trainees regarding wellness or their suggestions for promoting wellness in counselor education programs. It was the aim of this dissertation to explore experiences of doctoral students from a multitude of backgrounds and regional settings. As many of the participants in this study will become counselor educators themselves, it is important to understand how they perceive wellness, support, and stressors while as a doctoral student. Their experiences may influence how they perceive the need for wellness promotion in their future programs as counselor educators.

CHAPTER III

METHODOLOGY

In this chapter, the research design, statement of purpose, and research questions are discussed. Next, the participants and procedure, research team, and data collection methods are explained. Finally, data analysis, strategies for trustworthiness, and limitations are examined.

Research Design

This study was qualitative in nature in an effort to explore the lived experiences of doctoral level counselor education students in regards to wellness. Qualitative research explores the research topic in the context of the participants' lives (Hays & Singh, 2012) and allows for a description of the meaning the phenomenon has for the participants (Creswell, 2014). Qualitative research allows the participants a voice in the research that may have been lacking in quantitative data.

A social constructivism paradigm was used in this study. Social constructivism adopts the belief that there is more than one truth surrounding individuals' experience with phenomena (Hays & Singh, 2012). Creswell (2014) explained that social constructivists believe that individuals tie meaning to their experiences and that these meanings vary widely, as each individual holds his or her own unique truth to the phenomena. The research team held the belief that there are multiple perspectives regarding wellness varying between individuals and discovered throughout the literature. All of these perspectives were valued equally. Hays and Singh (2012) stated that the epistemology of social constructivism is that knowledge is co-constructed between

researchers and participants. Thus, the research team and participants co-constructed the knowledge of how wellness and self-care in counselor education are acquired and understood. Further, social constructivism enables the research team to construct knowledge with the participants through social interactions (Hays & Singh, 2012). Consequently, the lead researcher built relationships with the participants during the research process.

The theoretical approach of the study was phenomenological. The research team aimed to focus on the wholeness of the experience (Moustakas, 1994) for doctoral level counselor trainees in regards to wellness. Hays and Singh (2012) explained that a phenomenological focus is to understand the lived individual and collective experiences of the participants. The study explored the phenomenon of experiencing wellness within a counselor education program from the perspective of doctoral level counselor education students. Phenomenology works well in the counseling field because it seeks to understand the lived experiences of the individuals from the perspective of individuals themselves, similar to how many counseling professionals work with their clientele (Hays & Wood, 2011). This is important in that individuals will hold subjective views of their experiences of wellness within a counselor education program based on their background, culture, and outside experiences. Phenomenological researchers attempt to view the experiences of participants through a fresh perspective, avoiding the placement of their own values and experiences on the individuals being studied (Hays & Wood, 2011).

Purpose of the Study

The purpose of this study was to explore the lived experiences of doctoral level counselor trainees regarding their conceptualization of wellness and related self-care

practices. A second purpose was to understand their perceptions and recommendations for wellness promotion in CACREP-accredited counselor education programs. Thus, the phenomenon of interest is the relationship among wellness and wellness promotion in CACREP-accredited counselor education programs as experienced by doctoral level counselor education students.

Research Questions

The research questions and subquestions for this study are as follows:

1. What are doctoral level counselor trainees' lived wellness experiences within and outside their programs?
    a. What are participants' self-identified self-care practices?
    b. How do participants describe the degree of wellness promotion in their training programs?
2. What do participants identify as strengths and barriers to wellness and wellness promotion in their training programs?
3. What recommendations, if any, do the individuals describe for wellness promotion within counselor education programs?

Participants and Procedures

The lead researcher sought to obtain 12 to 16 doctoral students using maximum variation and criterion sampling methods. As indicated by Creswell (2013), a heterogeneous sample can be identified when the phenomenological researcher provides a sample of 3 to 15 individuals who have experienced the same phenomenon. The use of maximum variation also provides a heterogeneous sample, including participants with multiple and varying characteristics (Hays & Singh, 2012). As the study was limited to

doctoral students enrolled in CACREP-accredited counselor education programs, it was important to recruit participants with a wide array of characteristics in order to highlight the commonalities within their experiences. Criterion sampling was achieved by selecting participants that meet a predetermined and distinguishing standard (Hays & Singh, 2012). The research team sought diversity in gender, race/ethnicity, age, sexual orientation, relationship status, and geographical location for both master's level and doctoral level programs.

Participants

Participants were required to meet two criteria in order to be included in the study: (1) current enrollment in a doctoral level CACREP-accredited program; and (2) the completion of at least one semester within the program prior to being interviewed. It was appropriate for the study to have the criteria of current enrollment in a doctoral level CACREP-accredited program for multiple reasons. First, the current enrollment of the participant ensured that the lead researcher obtained data regarding present wellness and wellness promotion surrounding the student's program. Secondly, the research team utilized the CACREP (2009) Standard II.G.1.d. which stated, "self-care strategies appropriate to the counselor role," as a critical understanding for professional identity. Completion of at least one semester in their counselor education program was an important criterion because it allowed for the participants to have a more in-depth understanding of the culture within their respective programs. It was important for the participants to have spent enough time in their programs to have experienced wellness and self-care, or the lack of wellness and self-care, in the context of a counselor education program.

Procedures

The lead researcher made key contacts with faculty members and administrators at CACREP-accredited doctoral level programs across the United States, asking them to notify their students about the phenomenological investigation. In August 2014, the lead researcher accessed the CACREP website and collected faculty contact information for all 63 CACREP doctoral level programs listed. Of the 63 programs, 34 programs were located in the Southern ACES region, 18 in the North Central ACES region, 5 in the Rocky Mountain ACES region, 4 in the North Atlantic ACES region, and 2 in the Western ACES region. The initial contact of faculty members took place on September 15, 2014. Each email was individually addressed to the faculty contact of the respective university to improve the chance of distribution. Of the 63 emails, five were rejected, as the contact information was incorrect. The lead researcher was able to find the correct email address or the email address of another faculty member at the same program for all five. Of the 63 faculty contacts in the initial contact, 18 replied saying they would send it out to students. The lead researcher then followed up with the additional 48 unresponsive faculty contacts ten days later on September 25, 2014. Of the 48 faculty members contacted on the second attempt, seven responded.

The lead researcher asked interested individuals to complete an electronic survey that served as the demographic questionnaire (Appendix A). Once the participants completed the survey, the lead researcher ensured that the participant met the criteria of the study. The demographic questionnaire was then de-identified and the research team members individually selected 20 participants they believed encompassed maximum variation in light of the available demographic data. The individual selections were

compared and all three research team members each selected nine individual participants. Those participants were sent an email inviting them to participate in the interview portion of the study. The research team then selected the seven remaining participants based on the unmet demographic areas from the original nine participants to ensure that the diversity of the sample was widespread.

The invitation to participate in the interview portion was initially sent out to 16 demographic survey participants. Of the 16 demographic survey participants invited to participate in the interview portion, 12 responded and were able to schedule interviews. Four of the 16 participants were unresponsive to initial contact and three subsequent follow-up emails over a three month span of time. The research team attempted to replace the unresponsive participants by selecting other similar demographic survey participants. None of the four replacement participants responded to emails.

After a participant interview, the lead researcher transcribed the interview and sent the transcript to the participant in order to ensure that transcription was correct and to give participants a chance to add or clarify information. Of the 12 participants interviewed and sent back the transcript, only three responded. All three participants that responded reported that there were no changes needed to the transcript. Once the codebook had been finalized, all 12 participants were emailed with a copy of the final codebook and asked to respond if they had any questions or concerns regarding the data analysis. The participants were then also provided a copy of the findings and again asked to respond with any questions or concerns. No participants responded to either the finalized codebook or findings.

Research Team

The lead researcher (Researcher 1) is a White 30-year-old male who at the time of the study was enrolled in a doctoral level counselor education program at a university located in the southeastern United States. He completed his master's level degree at a different university located in the southern United States before immediately beginning his terminal degree. With an upper middle class upbringing, the lead researcher believed he was given opportunities to explore wellness practices. The lead researcher identifies himself as a Christian, but he rarely attends religious services. It is the lead researcher's assumption and belief that a healthy life requires an individual to take part in self-care and wellness practices. These practices can vary widely and include a multitude of activities. For his personal wellness, the lead researcher exercises regularly, attempts to eat nutritiously, and spends time in social settings, the lead researcher places a large value in his personal life on his relationships and overall health.

A strength that the lead researcher believes regarding counselor education programs in regards to wellness is the value placed on individuals' wellness. It is the assumption of the lead researcher that the counseling field places more value on personal wellness perhaps than other fields of study. The lead researcher believes that barriers to wellness in counselor education programs include time, stress of academia, and program double-speak (i.e., saying that wellness is important, but not actively prioritizing it). The lead researcher also has assumptions about the influence of geographical region on an individual's wellness experiences. Specifically, the cultural attitude, local economy, distance from natural settings, and availability of wellness and self-care practices in the community/region can have both positive and negative effects on individuals' perception of wellness.

The lead researcher recruited two individuals currently enrolled in the same doctoral program to assist in the investigation as the research team. Researcher 2 is a White 27-year-old female. Researcher 3 is a White 25-year-old female. The self-care and wellness practices listed by the research team members include exercise, eating nutritiously (one member identified as a vegetarian), using positive humor, spending time with companion animals, spending time outside, socializing with friends and family, getting massages, manicures, and pedicures, taking bubble baths, and participating in therapy as a client. Both members completed their undergraduate and master's level degrees at the same southeastern university as their doctoral program. Both research team members have taken an introduction course as well as an advanced course on qualitative research in their doctoral program. They have both also completed their own qualitative research studies and served as research team members in the past. The research team was primarily utilized in the data analysis of the transcripts, in which the members engaged in both independent and consensus coding.

The research team believed that properly bracketing and clarifying their assumptions and biases would create transparency for the study, furthering the trustworthiness. The initial assumption held by Researcher 2 was that participants would report seeing the importance of wellness and self-care, but not have the time or opportunities to practice it regularly. Researcher 3 reported initial assumptions that opportunities for wellness and self-care would be limited and that the American cultural tenet of workaholic behavior and attitudes would be apparent. Strengths to wellness and self-care that the research team members anticipated finding were an educational understanding of wellness and self-care, flexible hours as a student, and campus services

(e.g., recreation centers, counseling services). Barriers to wellness and self-care that were anticipated included time, workload, pressure to succeed, and finances. The research team unanimously held the assumption that the majority of participants would express limited wellness promotion at the doctoral level.

Data Collection Methods

The study consisted of a demographic questionnaire and individual semi-structured interviews. The data sources served to ensure both maximum variation and triangulation of data.

Demographic Questionnaire

The main purpose of the demographic questionnaire (Appendix A) was to provide participant data to ensure maximum variation in terms of the included items. Items included the following: (a) gender, (b) race/ethnicity, (c) age, (d) sexual orientation, (e) relationship status, (f) number of children, (g) spiritual affiliation, (h) full-time or part-time in doctoral program, (i) CACREP region of master's program completed, (j) CACREP region of doctoral program enrolled, and (k) number of credits completed in doctoral program. The demographic questionnaire was completed by 68 individuals with 59 individuals that expressed interest in participating in interviews.

Of the survey participants that indicated interest in participating in an interview, 46 were female (78%), 12 were male (20.3%), and 1 participant was transgender (1.7%). Ethnically, 43 of the 59 identified strictly as White or European American/Caucasian (72.8%), 6 as Black or African American (10.1%), 3 as Hispanic or Latino (5.1%), 2 as Middle Eastern (3.4%), and 1 as Indian (1.7%), 4 participants identified as multiracial, indicating two or more race/ethnicity categories (6.8%). Sexual-orientation included 43

participants who identified as heterosexual (72.8%), 8 as gay or lesbian (13.6%), 5 as bisexual (8.5%), 2 chose "I prefer not to answer" or did not select a category (3.4%), and 1 chose 'other not specified' (1.7%). Relationship-wise, 33 participants indicated they were married or partnered (55.9%), 23 indicated they were single (39%), 2 indicated they were separated or divorced (3.4%), and 1 did not select a category (1.7%). Time-wise, 52 were full-time students (88.1%), 7 were part-time (11.9%). Regionally, 34 were enrolled in the Southern region of ACES (57.6%), 9 in the North Atlantic region (15.2%), 9 in the North Central region (15.2%), 4 in the Rocky Mountain region (6.8%), and 3 in the Western region (5.1%).

Individual Interviews

Of the 59 individuals willing to participate in an interview, 16 were selected to create a diverse sample. Although variation was achieved in most of the demographic items, including participants from across the United States representing each of the five CACREP regions. There was a lack of racial/ethnic diversity due to attrition of the participants. Consequently, 12 doctoral students completed the individual interviews and were included in the data analysis. The lead researcher attempted to do as many interviews as possible in a face-to-face format, but had to incorporate technology for interviews at a geographical distance. In those interviews, the interviewer and interviewee utilized Adobe® Connect™, FaceTime®, and telephone. The interviews that utilized Adobe®Connect™ were securely recorded through the application. Interviews that utilized FaceTime® and telephone were securely recorded using a digital recording device. Five participant interviews were conducted via Adobe®Connect™, four interviews were conducted face-to-face, two interviews were conducted via FaceTime®

after attempts at Adobe®Connect™ failed. Only one participant was interviewed via telephone after multiple failed attempts due to connection using both Adobe®Connect™ and FaceTime ™. All participants were required to sign an informed consent form (Appendix B) before the interview took place.

The initial interview protocol contained 11 questions with 19 subquestions (see Appendix C). After the first four interview transcripts were coded and the initial codebook was created, the research team saw a need for more in-depth exploration regarding the impact of cultural background on participant wellness. An additional subquestion was then added at the approval of the methodologist/dissertation chair, creating 11 questions and 20 subquestions in the final eight interviews (see Appendix D). As the interviews were semi-structured, the prompts were not included in the interview protocol but are included in the contact summaries. Semi-structured interviews often produce a richer imagery of the phenomena because it allows for more of the participants' voices and experiences to be recorded (Hays & Singh, 2012). The average duration of the interviews was 55:36. Table 2 contains demographic information for the interview participants.

Data Analysis

Creswell (2013) presented a modified version of phenomenological analysis based on the Stevick-Colaizzi-Keen method originally simplified by Moustakas (1994). The research team used this model to analyze the data received via the semi-structured interviews. The research team bracketed personal assumptions held about wellness, self-care, and wellness promotion within doctoral level CACREP programs. Bracketing personal assumptions allowed the research team to perceive the phenomenon through the

Table 2

Interview Participant Demographics

Participant	Gender	Race/ Ethnicity	Age	Sexual Orientation	Relationship Status	Children	Spiritual Affiliation	Distance Learning	Full or Part Time
P001	Female	White	50	Heterosexual	Married or Partnered	2	Agnostic	Yes	Full Time
P002	Male	White	53	Bisexual	Separated or Divorced	3	Christianity	No	Full Time
P003	Female	White	32	Bisexual	Single	0	Judaism	No	Full Time
P004	Transgender	White	41	Gay or Lesbian	Married or Partnered	0	None	No	Full Time
P005	Female	White	44	Heterosexual	Separated or Divorced	3	Spiritual but not religious	No	Full Time
P006	Male	White	29	Heterosexual	Married or Partnered	1	Christianity	No	Full Time
P007	Female	White	33	Heterosexual	Married or Partnered	2	Christianity	Yes	Part Time
P008	Female	White	37	Bisexual	Married or Partnered	0	Christianity	No	Part Time
P009	Male	White	35	Gay or Lesbian	Single	0	Spiritual but not religious	No	Full Time
P010	Female	Indian	24	Heterosexual	Single	0	Hinduism	No	Full Time
P011	Male	White	32	Heterosexual	Married or Partnered	0	Buddhism and Christianity	No	Full Time
P012	Male	White	25	Gay or Lesbian	Single	0	Christianity	No	Full Time

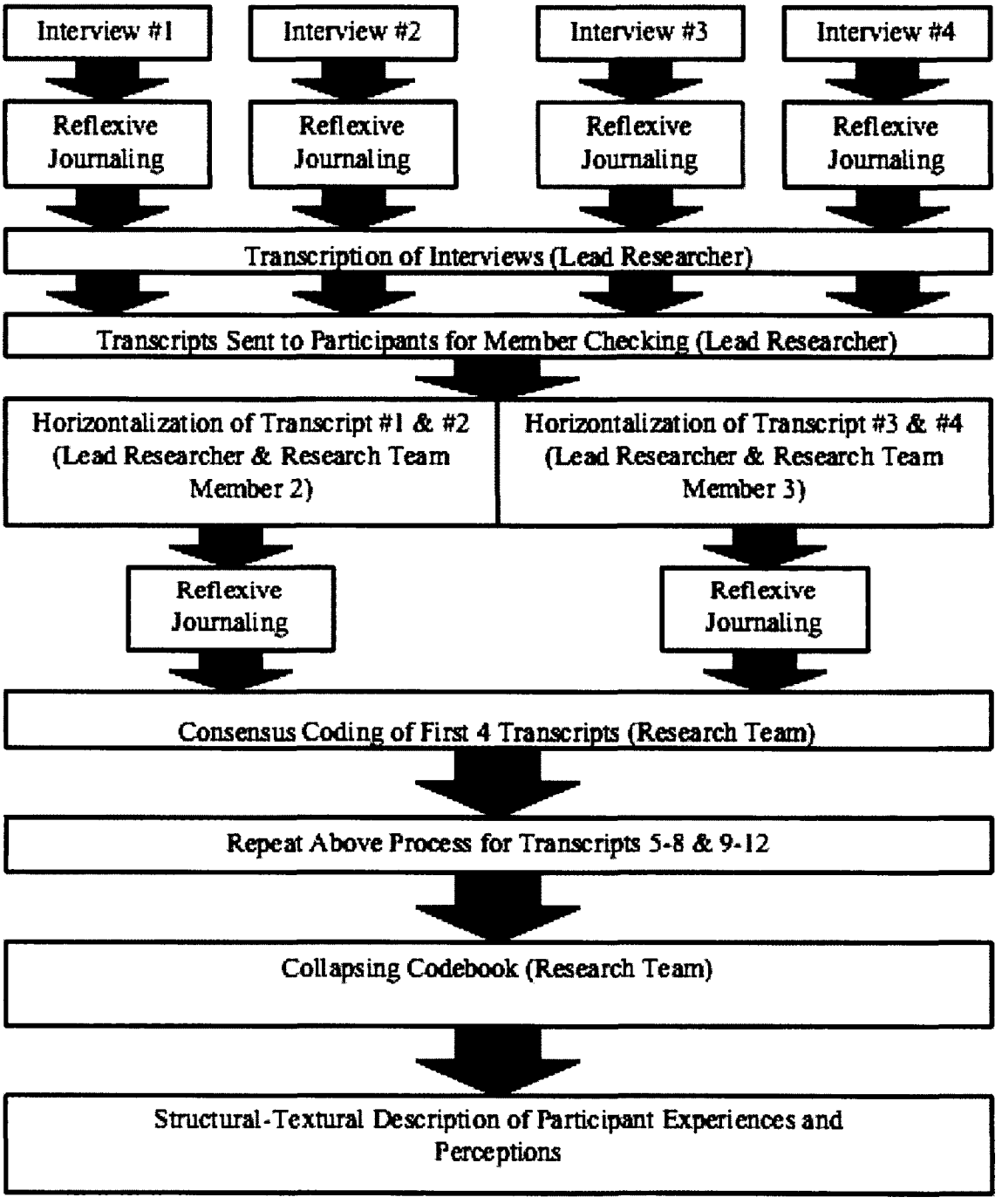
perspective of the participants (Hays & Wood, 2011). Next, the research team engaged individually in horizontalization to identify nonrepetitive, nonoverlapping statements in the verbatim transcripts of the participants (Hays & Singh, 2012).

Once the meaning units were identified, the lead researcher and research team members came together to create textural and structural descriptions. Textural description seeks to explain the meaning and depth of the experience from the categories laid out in the horizontalization process (Hays & Wood, 2011). Structural description attempts to understand the complexity of the relationships between the textural descriptions (Hays & Singh, 2012). The end result was a textural-structural description of wellness and wellness promotion within CACREP counselor education programs as experienced by doctoral level counselor trainees. Table 4 outlines the process utilized by the research team.

The lead researcher conducted and transcribed each interview and distributed the completed transcripts to research team members for horizontalization. After the first four interviews were completed, transcribed, and individually coded by the lead researcher and one of the two research team members, the research team came together to create the initial codebook. The next eight interviews were then completed, transcribed, and individually coded. The research team then came together for consensus coding on interviews 5 through 8, and then again for interviews 9 through 12. The research team then worked together to develop textural-structural description based on the consensus coding of all 12 transcripts. The transcripts were then recoded with the finalized codebook containing the textural-structural description. The lead researcher utilized NVivo, a qualitative research software tool, to determine frequency counts of the themes.

Figure 1

Strategies for Data Analysis



The frequency counts did not affect how codes were conceptualized. Some codes were only mentioned by a few participants, but are still represented in the findings.

Trustworthiness

The criteria for trustworthiness in the study were credibility, coherence, sampling adequacy, ethical validation, and substantive validation. In an effort to address these criteria, the strategies of member checking, triangulation, thick description, reflexive journaling, and an audit trail were used. Member checking was a part of the interview process in that participants were asked to look over the transcripts and data collected in order to further expand on or correct any areas they see necessary. Triangulation was used throughout the study using of two methods: (a) triangulation of data sources by including numerous perspectives of counselor trainees at different universities in various geographical locations; and (b) triangulation of investigators by having a diverse research team that analyzed the data. The lead researcher used thick description when writing about participants, interviews, and reflections. The research team utilized reflexive journaling after every interview in order to properly bracket assumptions and biases. Finally, the lead researcher developed an audit trail that included bracketing of assumptions and biases of the research team members, development of the demographic survey, the email to CACREP faculty liaisons, the email sent to demographic questionnaire participants indicating interest in the interview portion of the study, the email invitation to selected participants for the interview portion of the study, the reflexive journal of lead researcher after interviews, reflexive journals of research team members after horizontalization, handwritten notes during consensus coding of the first four transcripts, and development of the codebook.

CHAPTER IV

FINDINGS

This study sought to explore and describe the lived wellness experiences of doctoral level counselor trainees within and outside their respective counselor education programs. The work is intended to highlight the perceived impact that both internal and external forces have on participants' perceived level of wellness. This was done using semi-structured interviews with 12 participants from across the United States. The research team identified three structural themes (*components of wellness, program culture,* and *recommendations*). Several textural descriptions were identified within the three main structural themes (see Table 5).

Components of Wellness

The structural theme of *components of wellness* was identified in all 12 participant interviews. To help identify participants' *components of wellness*, a priori codes using Myers and Sweeney's (2004) Indivisible Self Model of Wellness (IS-Wel) second-order factors of wellness were utilized to create textural themes. Thus, interdependent textural themes included the following: *coping self, creative self, essential self, physical self,* and *social self.* Subtasks utilized by participants were identified in each second-order factor of wellness according to the IS-Wel (Myers & Sweeney, 2004).

Participants used the *components of wellness* differently to engage in *self-care.* P002 described his conceptualization of self-care as, "...anything that one would do to try to reduce the stresses of life, enhance wellness overall and I think it's really subjective. So, it's really hard to define." P010 explained her understanding of self-care, "...it can be

Table 3

Codebook Descriptions

Structural/Textural Codes and Subcodes	**Characteristics**	***n***
S: Components of Wellness	Lived wellness experiences within and outside of program	12
T: Coping Self	"Elements that regulate our responses to life events and provide a means for transcending their negative effects" (Myers et al., 2000, p. 274)	12
*Stress Management	Remaining in tune to one's own stress level and taking steps to reduce stress when needed	12
*Leisure	Activities that one participates in during free time (e.g., hobbies, interests)	6
*Realistic Beliefs	Recognizing impossible goals and being satisfied in one's own imperfection	2
*Self-Worth	Valuing one's self despite mistakes and noted flaws	6
T: Creative Self	"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, 2008, p. 485)	12
*Thinking	Maintaining a mentally active lifestyle by properly considering multiple perspectives and embracing a curious approach to learning	12
*Emotions	Experiencing and expressing one's feelings appropriately	6
*Control	Believing in one's self and properly expressing needs to others	2
*Positive Humor	Utilizing humor to accomplish tasks and goals, as well as being able to take life's complications and mistakes light-heartedly	1
*Work	Satisfaction in one's career, jobs, chores, and routine tasks	8
T: Essential Self	"Essential meaning-making processes in relation to life, self, and others" (Myers & Sweeney, 2008, p. 485)	12
*Cultural Identity	Satisfaction and recognition of one's own culture	12
*Gender Identity	Satisfaction and recognition of one's own gender	1
*Spirituality	Practicing personal beliefs and behaviors in an effort to recognize the world beyond one's self	4
T: Physical Self	"The biological and physiological processes that compose the physical aspects of a person's development and functioning" (Myers & Sweeney, 2008, p. 485)	12

Table 3 Continued

Structural/Textural Codes and Subcodes	**Characteristics**	***n***
*Nutrition	Maintaining a balanced diet in order to better one's physical health	5
*Sleep	Getting the appropriate amount of sleep in order to function effectively	5
*Physical Health	Health issues (i.e., illness, injury) experienced and the impact on wellness	5
T: Social Self	"Social support through connections with others in friendships and intimate relationships, including family ties" (Myers & Sweeney, 2008, p. 485)	12
*Friendship	Connections and relationships with others, but that do not hold a familial, marital, or sexual commitment	12
*Love	Relationships characterized by intimacy, trust, and self-disclosure. Distinguished by a familial, marital, or sexual bond	12
T: EcoWellness	The impact of nature on wellness (Reese & Myers, 2012)	10
*Access to Nature	The accessibility that one has to be able to experience nature	10
*Environmental Identity	The degree to which one feels connected to nature	4
T: Holistic Wellness	The combination of multiple aspects of wellness and recognizing how one area can help another	9
S: Program Culture	The general attitude and behavior of a program and the individuals within the program	12
T: Degree of Promotion	The level of wellness promotion in the overall program and individual professors	12
*Communication	How wellness is communicated to students	11
*Curriculum	The integration of wellness promotion in the classroom	4
*Modeling	The perceived level of wellness held by individual faculty members	4
*Extracurricular Opportunities	Events and activities that encourage and promote wellness practices	4
T: Degree of Support	The level of support that students perceive from both the overall program and individual faculty members	12
T: Treatment of Students	Perceived negative attitudes and behaviors of overall programs and individual professors towards students	3
*Inequity	Perceived inequality of faculty members, doctoral level students, and master's level student	2

Table 3 Continued

Structural/Textural Codes and Subcodes	**Characteristics**	***n***
S: Recommendations	Suggestions provided for increased wellness and wellness promotion at both the program and individual professor level	12
T: Institutional Support	Suggestions offered in direct relation to the program and faculty members apart from the classroom	12
*Accountability	Suggestions identified as programs and professors making an effort to check in on and encourage student wellness	7
*Awareness of Student Needs	Suggestions regarding faculty and program attention to individual student wellness needs	5
*Individuality	Respecting student individuality in the promotion of wellness	5
*Modeling	Individual faculty members discussing and acting out wellness as a model to counselor trainees	4
*Opportunities	Formal and informal opportunities for students to take part in wellness practices provided by the program	6
T: Inclusion in Curriculum	Suggestions directly focused on classroom material and activities	11
*Direction	Suggestions for classes to give students more tools and resources for wellness	2
*Discussion	Some form of conversation or discussion that participants felt needed attention in regards to wellness	7
*Ethical Responsibility	Emphasis on the importance of wellness and self-care as foundational to the profession	10
*Holistic Wellness	The importance of incorporating multiple forms of wellness in the program's perspective	4
T: Individual Practices	Techniques or mindsets that both students and professors could utilize to improve their own wellness	3
* Boundaries	Appropriate work-life balance	2
* Self-Awareness	Being aware of stressors and wellness needs	2

Table Note: S = Structural theme; T = Textural theme; * = Subtask; *n* = Number of participants who endorsed a particular code

anything, it has to be something that is personally important to you and personally calms you down and is soothing and helpful." Lastly, P012 stated, "I guess I look at self-care as activities you do that is aside from work or school that you do for, just, enjoyment."

For the purpose of this study, the research team decided to define self-care as the action that an individual takes in order to achieve wellness, thereby encompassing all active efforts found within the IS-Wel (Myers & Sweeney, 2004). Other overlaps can be found throughout the IS-Wel (Myers & Sweeney, 2004) and within this study. The research team made an extra effort to identify the second- or third-order factors behind the participant statement that would fully encapsulate the essence of his/her thought. Throughout this chapter, the lead researcher noted when there was overlap between two or more subtasks across different textural themes based on the IS-Wel.

Two additional textural themes outside of the IS-Wel (Myers & Sweeney, 2004) were determined: *ecowellness* and *holistic wellness*. Reese and Myers (2012) noted *ecowellness* as a potential sixth second-order factor of wellness; *ecowellness* was seen in 10 of 12 participant interviews. The textural theme of *holistic wellness* was seen in 9 of 12 participant interviews.

Coping Self

The textural theme of coping self was seen in all 12 interviews and includes the subtasks of *leisure, realistic beliefs, self-worth,* and *stress management*. Myers et al. (2000) described the coping self as, "composed of elements that regulate our responses to life events and provide a means for transcending their negative effects" (p. 274). Multiple participants identified with all four subtasks during their interview, particularly in the subtask of *stress management*, which was identified in all participant interviews.

Stress management. The subtask of *stress management* represented a wide variety of techniques utilized by participants. P001 described her stress management as simple as scheduling time in her daily routine for herself, "schedule things that I really enjoy doing, like go about looking at my schedule and saying, 'what do I really feel like doing' and then putting it in." P008 discussed meditation as a technique that helped with her stress saying, "I do a lot of meditation, I use yoga to, like, help center myself."

Boundaries was a technique commonly utilized by participants within the subtask *stress management*. P002 stated,

> I learned more about time management, because the master's program, um, cause [*sic*] I was still working full time, uh, demanded so much that I—I learned to compartmentalize and say, "I will only do this in that—these times." And that's how I managed the stress. And then, because my children were older, I actually sat down—put down some rules with them - "You're all grown, I'm no longer the chief cook and bottle washer, so, therefore, I won't do these things anymore." So, I made some very specific decisions because of the demands of the program, to get my life ordered.

P004 reported *boundaries* as a strength that he developed during his time in the doctoral level counselor education program,

> I'm really good at saying what I'm willing to partake in and what I'm not, and not feeling bad about what I say no to. If I decide that something's a priority, then I will give it one hundred percent of my attention, and anything that I don't, um, I just don't—I don't worry about it anymore.

Aspects of *stress management* were difficult to identify because it often integrates various subtasks within other second-order factors of wellness. For example, P006 described the connection between scheduling, a technique within *stress management*, and the subtasks of *exercise*, found in the textural theme of *physical self*, and *love*, found in the textural theme of *social self*:

> I'd make schedules then to plan self-care, where, "I'm going to workout four days a week, I'm going to bike this many days, I'm going to run this many days, I'm going to go to the gym this many days, um, I'm going to reserve this time for family.

Leisure. The subtask of *leisure* was seen as hobbies or interests that one engages during his/her free time. Six of 12 participants reported utilizing or hoping to utilize some form of leisure in their self-care practices. Several participants spoke about using television as a form of personal wellness and self-care. For example, when asked about his ideal day of self-care and wellness, P002 reported how he would like to spend part of the day, saying, "maybe just chill out and watch TV or read a book, just something that doesn't require me to think, um, so that I'm not being drained." P009 reported that part of his self-care routine on the weekends included media, "I try to give myself a little bit of downtime where I just either catch up on what I've DVR'd [*sic*] for the week because I haven't had time to watch it, or go watch a movie."

Other participants reported utilizing other forms of *leisure* outside of media. P003 reported self-care practices she utilized before entering into a master's level counselor education program, "I lived in an urban area, I lived in [city] and I gardened…my former

roommate-partner and I, we were very big on, you know, cooking." P010, in response to the same question, stated, "...photography was big, traveling was big."

Lastly, solitude was seen as an essential part of wellness for 3 of 12 participants, which was identified as a form of *leisure*. P011 reported, "anytime I think about wellness or self-care, I think about doing something on my own, like not with someone else." P012 recognized how his idea of self-care and wellness has shifted since enrolling in a master's level counselor education program:

> ...it kind of shifted into more individual practices, I definitely tried to read, umm, on my spare time if I could find some, um, that wasn't, uh, course related, and running was a big one that I would do, I ran all the time when I had, like, odd hours in the night free and do that.

As seen in the above quote, there is some overlap with the subtask of *exercise* within the *physical self* second-order. For this particular participant, running was seen as an individual practice, which was identified as solitude within the *leisure* subtask. It is also important to note that money was noted by P010 as a barrier to her completing the subtask of *leisure*, she stated, "the spa is too expensive." Money, or the lack of, was identified as a component for three participants.

Realistic beliefs. The subtask of *realistic beliefs* was only identified in 2 of 12 participant interviews. Myers and Sweeney (2004) defined *realistic beliefs* as, "Recognizing impossible goals and being satisfied in one's own imperfection" (p. 274). P001 described this subtask being met by, "being realistic about what I can actually get accomplished of those things that are really important." P006 reported a need to have *realistic beliefs* about what he could accomplish in terms of his personal wellness:

> I know I'm never going to have that kind of time again, um, I know that it can become a part of my life, it has to become a part of my patterns, um, but I can't try to regain what I once had, I have to create something new, and I think I can do that, um, but what used to work won't work for me, I've tried to do the old things and I keep trying and then I fail at them to take care of myself and I've realized.

Self-worth. Myers and Sweeney (2008) defined *self-worth* as, "Accepting who and what one is, positive qualities along with imperfections; valuing oneself as a unique individual" (p. 485). Six of 12 participant interviews were identified with this subtask. The experience of this subtask was identified in both positive and negative manners. For example, P004 described their quest for wellness in a doctoral program as

> …just keep trying to choose things that keeps me engaged, or engages other aspects of myself, so that I don't have to be the only thing I am is a slave to my doc program, student, you know, um, I—I'm more than that. And so, I have to engage in things that make me feel more than that in order to feel balanced.

This is an example of a participant with positive *self-worth* in that he was able to see beyond his identity as a doctoral student and recognizes that he has more to offer in his connections.

An example of a participant that experienced negative *self-worth* can be seen in the following quote from P010:

> You're constantly thinking about what you haven't accomplished rather than what you have accomplished, it's like constant—because you're constantly comparing—our cohort is of eight people, you're constantly comparing yourself with seven other people, and sometimes even the seniors, you're like, "oh my

> god, this person's done this," and also being someone, you know, pretty much, like, out of my master's, really young and, you know, not that much clinical experience, I feel discounted by the students that I teach most of the times, and I've had experiences that were very negative in terms of that, and then, not really discounted by my cohort, but I discount myself when I compare myself to them, so this program has—it's positive for my self-esteem that I got in, but has been pretty negative for my self-esteem also, like, for my emotional wellbeing, constantly thinking things that I haven't accomplished yet, things that I really need to do, so, yeah, it's—it's had a really strong impact on my self-care and wellbeing.

Thus, the negative aspect of *self-worth* can act as a barrier for individuals in terms of their personal wellness.

Creative Self

Myers and Sweeney (2008) defined the second-order factor of *creative self* 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" (p. 485). This textural theme included the subtasks of *thinking*, *emotions*, *control*, *positive humor*, and *work*. All participants had comments within their interview identified in the second-order factor of *creative self*, with the most prominent subtasks including *thinking*, *emotions*, and *work*. There was considerable overlap within these subtasks and others, which have been identified and mentioned in the respective sections below.

Thinking. The subtask of *thinking* is described as "Being mentally active, open-minded; having the ability to be creative and experimental; having a sense of curiosity, a

need to know and to learn; the ability to solve problems" (Myers & Sweeney, 2008, p. 485). This subtask was seen throughout participant interviews in the form of education, learning experiences, and individual exploration. The research team identified these techniques as *learned wellness*, meaning that these were ways that participants learned about their own individual wellness and/or the greater concept of wellness overall. For example, P001 described her doctoral level training as a technique contributing to her personal wellness, "And just feeling like, 'okay, I'm actually progressing somewhere, I'm learning something new,' that was a big part of adding in the doctoral program, I felt like that would really help, um, with my wellness." Other participants also described their education as a counselor trainee as strength or protective element in their personal wellness illustrated by the following quotes:

> P002: It wasn't until I entered a counseling program and sort of learned what self-care was and what compassion fatigue was, that I realized what I was doing to myself. It's been about maybe five years I've been looking at wellness from a different point of view. So, it's my education that's—that's opened my mind to it than anything else.
>
> P007: After getting into my master's program and being introduced to kind of the concept of—of self-care, um, I understood more of the need for that and the need for understanding individually what that meant to me, because it's kind of more personal than just exercise and eating right, it's what—what do I do for myself, um, individually that makes me feel taken care of and well.
>
> P008: Definitely becoming a counselor, um, you know, going through the program and learning to work with clients has greatly increased my awareness of

> my need to, like, take care of myself, I was quickly and—and constantly reminded that if I'm not taking care of myself it's harder to be with my clients in session and—that—that really has helped me to build an awareness of—of my need to take care of myself.

Education or *learned wellness* is not restricted to formal classroom instruction. P008 described learning about wellness primarily coming from her personal therapist, as opposed to in the counselor education program,

> I would say that honestly he (therapist) is probably the biggest impact on my current experience and understanding of wellness because he has helped me to find tools that actually do combine everything into a wellness perspective in a way that I never understood, like, just through the school or through the classes.

Another example of *learned wellness* outside of counselor education can be seen below in an overlap with *media* in the form of a book from P007:

> I think I had a decent understanding of it, I've always been a fan of Wayne Dyer [laughter], um, I don't know if you know him, but self-help kind of author, guru. So, I, um, I had an aunt who was reading Wayne Dyer when I was growing up and he's all about meditation and affirmations and things like that. And so I think I had a—a moderate understanding of self-care and wellness, um, even prior to coming into my master's program.

Individual exploration was also seen as a form of *learned wellness*, in which individuals make an effort to go beyond their comfort zone to find new and exciting ways to improve wellness. P008 explained her perception of her greatest strength in this manner:

> A willingness to explore and to experiment with new things, see what works and what doesn't work, um, I'm perfectly happy trying out new things and if it doesn't work, acknowledging, "oh, okay, that one didn't work so well, let's try something else." So, I guess there is a flexibility and a curiosity, um, about wellness.

There was one negative aspect of the *thinking* subtask identified by the research team in the interview of P012,

> I definitely know that one plus, you know, plus—an addition of that in life equals a more balanced feeling, um, do I act well on it? Not really (laughter). Yeah, I know it's important and it's something I should be doing, because I am starting to get burned out.

This participant recognized that he is overwhelmed and feeling unbalanced. The participant also recognized the need for wellness and self-care; however, they have foreclosed on the concept of utilizing this means to wellness, despite the knowledge they have gained within and outside of his counselor education program.

Emotions. Myers and Sweeney (2008) described the subtask of *emotions* as, "Being aware of or in touch with one's feelings; being able to experience and express one's feelings appropriately, both positive and negative" (p. 485). This subtask was identified in 6 of 12 participant interviews in their former or current attendance of personal therapy. P005 said, "I did counseling when I was, I guess probably early twenties, and so I think that was really helpful." P007 reported, "Therapy has been a really great outlet for me with the stress and strain of balancing work and school and home life."

A negative aspect of the *emotions* subtask can be seen in P005's description of financial concerns, "I spend a lot of time trying to budget and trying to not be scared about the future with money." The fear of not having money acts as a barrier to this participant in the amount of time she spends thinking about it.

Control. The subtask of *control* is defined as, "Believing in one's self and properly expressing needs to others" (Myers & Sweeney, 2004, p. 274). This subtask could be seen as closely linked or related to the subtask of *self-worth* within the *coping self* textural theme, making it difficult to identify and distinguish the two. The research team recognized the overlap between the two subtasks and tried to separate participant statements between the two. This led the research team to identify the concept of confidence within participant statements. Only two occurrences of confidence were identified in participant interviews and are illustrated in the quotes below:

> P006: I have an ego about me where I feel like I can be good at anything and really good—or better than most at any—anything I try at, and I wanted to—I've never felt that way about academics, um, but it took me time just to develop just a level of comfort with myself as an academic, um, but in just having that desire to be good at academics, I had to let go of—I felt, at least, I had to let go of everything else except for family.
>
> P004: I have all these classes, and—and my, um, advanced quantitative methods classes, which are not fun or easy for me, um, it kind of puts me in touch with my—all of my, you know, insecurities about all the math and everything in my life that I've had to deal with, um, so it's a very difficult time.

Positive humor. Myers and Sweeney (2008) described the subtask of *positive*

humor as, "Being able to laugh at one's own mistakes and the unexpected things that happen; the ability to use humor to accomplish even serious tasks" (p. 485). Multiple participants expressed humor in their interviews; however, only one identified her sense of humor as a source of strength in her wellness and/or self-care. P003 reported, "I think that the biggest strength to my wellness is that I can be pretty forgiving of myself, I have a sense of humor about it. I don't—it's not all or nothing for me, I celebrate when I do something small. So, I think that's my main strength."

Work. The subtask of *work* is defined as, "Satisfaction in one's career, jobs, chores, and routine tasks." For doctoral level counselor trainees, this can include several different roles. Many of the participants reflected on satisfaction when working with clients, whether currently or formerly. For example, P008 reported a feeling of satisfaction in her work with clients as being an important part of her ideal day of self-care and wellness:

> I would go to work and be able to help all the people that I needed to help while still feeling, um, I guess energetic and not run down or tired, um, and so they would be able to experience, you know, something meaningful through our interactions and I would be able to experience meaningful things as well.

Other participants reported the feeling of fulfillment when they completed their responsibilities for the day. P006 reported, "Sometimes self-care is getting the stuff done so I can just relax and be okay with it." P002 reported feeling a sense of wellness in his previous work life, "I was working at a private agency and I had a pretty demanding job, but I enjoyed it, so when you're a workaholic, sometimes work is self-care."

The negative aspect of the *work* subtask can be seen in the overlap with *stress management*. Several participants reported a feeling of not having enough time to satisfactorily accomplish tasks due to the sheer amount of responsibilities for a doctoral level student. Examples of this can be seen in the quotes below in participant descriptions of barriers to personal wellness and self-care:

> P001: The amount of stuff I have on my plate, um, I mean, I knew—I knew that going in when I added the doctoral program to a full-time job and family, that this was gonna [*sic*] be tricky. And, so, it's just—there's just a lot, you know, to get—gotta [*sic*] take care and I don't like to not do things well, so that—it just bugs me
>
> P002: The doc[*toral*] program gets in the way of wellness more than anything I've very experienced, other than my marriage. Uh, it's been hard to focus on me because there's so many tasks demanding all the time. So, it amplifies my awareness that I need it, but it hasn't really enhanced my experience in getting it, because it is in the way.
>
> P006: The supervision load is quite a bit, um, the expectation to make a good CV [*curriculum vitae*], um, it's not necessarily an expectation, it's more like they nurture you, um, to publish and present and that kind of stuff, which I really, really like, but it is a barrier to self-care because it takes up the time that you would spend otherwise.

Another overlap within the *work* subtask is with the *cultural identity* subtask in the *essential self* textural theme. Several participants described work ethic as a passed down attribute from their parents. P004 provided the following example of this,

> If it was a task that you were supposed to do, you were supposed to sacrifice yourself until the task was done, regardless of whether, you know, it's having an impact on you, because if you promised to do something, um, then you honor that agreement that you had with somebody else, and even if it kills you, you can't back off, you always have to complete and finish that task, and, so, a lot of those things stay with me.

Essential Self

Myers and Sweeney (2008) describe the subtasks that make up the next textural theme of *essential self* as, "Essential meaning-making processes in relation to life, self, and others" (p. 485). These subtasks include: *cultural identity*, *gender identity*, *self-care*, and *spirituality*. The research team decided to leave out the *self-care* subtask when identifying participant statements due to the large amount of overlap with other subtasks in the IS-Wel (Myers & Sweeney, 2004) and the focus of this study on the use of self-care to refer to the activities used to increase wellness. All 12 participant interviews had statements identified within the *essential self* factor. The most identified subtask was *cultural identity*, largely due to the interview questions surrounding upbringing and cultural background. *Gender identity* was only identified in one participant interview.

Cultural identity. The subtask of *cultural identity* is defined as the satisfaction and feeling of support in one's culture (Myers & Sweeney, 2008). Participant responses surrounding *cultural identity* included statements related to ethnicity, family values, regional upbringing, and socioeconomic status. A connection to one's *cultural identity* was seen as an important aspect of wellness for P010 in particular; stating that part of her

self-care includes a desire "to stay connected to my roots and my family and my culture." It is important to acknowledge that she was the only non-White participant in this study.

Participants largely mentioned *cultural identity* as having influenced how they perceive wellness and self-care, both positively and negatively. The following quotes from participants illustrate positive correlations in their conceptualization of wellness and self-care in regards to their family background and upbringing:

> P003: My father is a chiropractor, um, he came to chiropractic from pharmacy and he always, kind of, put forth the idea that moderation was key. That there wasn't anything you could do—that things weren't necessarily good or bad, food or exercise, but that it's doing them in moderation, so that was always really stressed.
>
> P005: My parents are very active, still well into their seventies, very active, and so in my childhood, I did a lot with my dad, a lot of running, a lot of hiking, a lot of biking, um, being outdoors a lot as a kid, and, um, then from my mom too, lots of—she baked a lot, she was a homemaker and, um, so I think for me today, although I am a professional, I still have that homemaking side of myself and, um, and then that I'm very energetic, and I know that being physical is really good for me and I've known that my whole life, so I think it had a lot of influence on it.
>
> P007: I would say that it did have an impact, um, I grew up with parents who were very social and that's kind of how they got their energy, it was from others, and they—I can see that in myself as well, connecting with people, um, is a piece of my self-care. Um, and they kind of instilled in me this idea of health and wellness and exercise and eating right, and so I would say it was—it had a big

kind of, um, kind of helped me to conceptualize the idea of what it means to take care of yourself.

Other participants were given negative messages regarding self-care and wellness and spoke about how this impacted them and their conceptualizations. Although the work ethic reported in the following examples seems to overlap with the *work* subtask in the *creative self* textural theme, the longstanding expectation of hard work was contextualized by the research team as related to *cultural identity*. The following quotes illuminate this influence:

P002: I watched from my father who is a very uptight, overworked, um, you would think he'd have had a stroke at a young age type of person because he was a workaholic and he never let anybody on the inside and that's what I didn't want to be. Because we have a lot of the same personality traits, um, I saw it eat him alive. So, my upbringing was "don't do these things." Um, because he was never happy, um, so I try to avoid being high strung, I try to avoid letting things stick to me, um, not always successfully.

P004: In my family, um, there was a really strong work ethic, um, and it was such a strong work ethic that you always had to be doing something or working all the time, and then, you know, like, if, um, if it came to be that, you know, the weekend came along, uh, the weekend was used—so Monday through Friday was work, work, work, and then the weekends were used to finish any work that you didn't get done during the week because you were working.

P009: I really didn't see either one of my parents take a lot of time for themselves when I was growing up, um, I come from a family where my—my younger

> brother was born with a disability, um, so I didn't see my parents take a lot of time for themselves because they were always worried about his care and about making sure I was okay, so I don't know that I really had a good understanding of wellness until I got into some of my psychology classes in college and realized how important it was to set time aside for yourself.

Family values and backgrounds apart from work ethic can also play a large role in participants' *cultural identity* and how they have come to perceive wellness and self-care. For instance, P008 discussed how her family's religious values influenced her sense of wellness:

> I grew up, um, as a—as a Mormon in the Church of Jesus Christ of Latter Day Saints, so that's kind of the culture that I grew up in, um, and they do value, like, not—not taking your—like, not taking drugs, um, limiting the amount of caffeine that you—that you drink, um, avoiding alcohol, not smoking, um, that's, um, some parts of the culture that I think have, you know what I mean, some protective, um, things that protect me, so like I don't generally drink or get drunk, I don't, um, you know, take recreational—I don't use recreational drugs or anything like that, so I guess that helps with wellness, um, I think a good thing from the culture itself that helped me too was to try and take care of myself.

Another example of *cultural identity* involving family background and influence is socioeconomic status. Below are quotes from participants explaining how this has impacted their perceptions of wellness:

> P005: I did grow up in a family—I was sort of, uh, middle class, but I grew up in an area that was probably upper class, and, um, you know, there was definitely a

> focus on self-care and jogging was really big, and, um, so I think that that would probably have—well, and also, where I grew up and the way I grew up, people had enough resources to do those things, to really take care of themselves, and to buy new running shoes when I really needed them, or go on hiking trips and things like that, so I definitely think it had an influence and still has an influence.
>
> P012: My family are middle-class, um, I mean, we're white, so I guess—I don't think it's had necessarily fully—I mean, like, I've had to overcome, like, obstacles of, like, poverty and stuff like that to help out my family with money, so I guess in that sense, it's charged me to be a more busybody.

Cultural identity had associations for participants apart from just family of origin as well. P001 spoke about how the time period in which she was growing up impacted her perception of wellness and how it is starkly different from the present time period, in which she is raising children,

> I don't think that, um, I gave it much thought or that it was anything that was discussed when I was growing up. Um, it really wasn't in vogue back then to talk about what we do for self-care or wellness or any of that stuff. Um, so I grew up in like the 70's and there was no discussion of that kind of thing, but, at the same time, things just seemed a lot less scheduled and a lot less busy. So, yeah, thinking back on my childhood, I just don't remember, kind of the, um, the constant feeling of busyness and having a ton of obligations on the schedule that even my kids, I think, feel now. Um, you know, I wasn't involved in five million different things, it—it just was kind of like, "go to school, come home, do your homework, and go outside and play with the neighbors."

P009 talked about how the regional culture of his master's program had an influence on his *cultural identity*:

> It was very popular for people to be exercising and working out where I was living at that time of my life, um, I mean, yoga studios were popping up everywhere, um, and like I said, they were expanding the bike trails and stuff like that, um, so that—that was a little bit influential because other friends were doing it so therefore I wanted to do it with them.

Gender identity. Myers and Sweeney (2008) described *gender identity* as finding satisfaction and support in one's gender. The subtask of *gender identity* was identified in only one participant interview; however, it played a large role in the P004's understanding of wellness:

> In my—my early tw—my early twenties, I transitioned from female to male, um, and that threw my entire world upside down, and so, it impacted my career, um, because I had to, like, take a certain period of time where my body and everything was physically changing to kind catch up, and I lost some years in my, um, you know, what would normally be kind of a time when you're building capacity towards a career or whatever. Um, and so, and then just having that shift, everything in terms of how I was perceived to how I'm perceived now, um, complete with all the new expectations, um, where there was less expected of me before, and now there's all these expectations of me, you know, as a male person, that I didn't have—that I wasn't prepared for in my socialization. And so, that kind of caused things to, um, you know, shift. I almost kind of had to take a timeout of normal life to, um, to restructure and I took like a—a job that was

> not—I took a sidetrack out of my career just to get a job, and kind of wait it out, and just kind of be with that process for a while, so it was sort of like a side trip for a while, um, before I could go back into my career and then have everything kind of fall in to place and the new identity, uh, so that was something that really impacted my, uh, my wellness and self-care at the time.

Spirituality. The subtask of *spirituality* was identified in 4 of 12 participant interviews. Myers and Sweeney (2004) made it a point to differentiate the subtask of *spirituality* with religious affiliation stating, "Spirituality, not religiosity, has positive benefits for longevity and quality of life" (p. 273). However, it is important to note that some participants viewed their religious affiliation as a key aspect of their *spirituality.* For example, P010 described her involvement with a group of individuals that practice Hinduism as an important component of her wellness, stating, "the people that they have out there, they are people that I can, you know, count on and fall back on and the messages I receive on very difficult days, I feel like it's—it's magical." The religious group gathering meets the *spirituality* subtask for the participant as well as needs found in the *friendship* subtask of the *social self* textural theme, showing again the overlap that so often occurs between subtasks. P009 also linked the subtask of *spirituality* to his religious affiliation, stating, "I was pretty active at my spirituality back then too, um, so, you know, going—going to church on Sunday or going to, uh, the Wesley foundation while I was in undergrad[uate]."

Other participants spoke about encountering *spirituality* outside of religious affiliation. For example, P008 explained that stepping away from the religion she was raised in has helped with her wellness, stating, "I've started practicing, like, yoga and

finding ways to fill spirituality in different ways that my, um, religion didn't really give me, I had to figure out, like, how to make my own meaning and, like, things can foster support for that meaning for me."

Lastly, P002 described an association between the *spirituality* subtask and the subtask of *work*, in the *creative self* textural theme showing that *spirituality* is not just confined to one area of an individual's wellbeing. While explaining what drives him, the participant described,

> I also look at it from a spiritual point of view, is that I feel responsible to be able to be the most productive person I can be while I'm on the planet. So, I think there's some, uh, some weight or some gravity on me to, um, keep myself together for that higher purpose.

Physical Self

The next textural theme of *physical self* contains the subtasks of *exercise* and *nutrition*. Myers and Sweeney (2008) described this second-order factor as, "The biological and physiological processes that compose the physical aspects of a person's development and functioning" (p. 485). It is also noted that the subtasks within the *physical self* are "widely promoted and, unfortunately, often over-emphasized to the exclusion of other components of holistic well-being that are also important" (Myers & Sweeney, 2005, p. 275). This was witnessed in the study in that a form of exercise was commonly the first thing that participants listed when asked about former or current self-care practices.

The subtask of *exercise* was identified in 11 of 12 participant interviews, while *nutrition* was identified in 5. However, the research team identified some statements from

participants that did not fit either subtask of *exercise* or *nutrition* identified in the IS-Wel third-order factors. Therefore, they chose to expand the *physical self* textural theme to also include the subtasks of *sleep* and *physical health.* Both *sleep* and *physical health* were each identified by the research team in five participant interviews. More information regarding these subtasks is found later in this chapter.

Exercise. Myers and Sweeney (2008) defined *exercise* as, "Engaging in sufficient physical activity to keep in good physical condition" (p. 485). Participants listed multiple forms of *exercise* that they formerly and/or currently utilize to maintain wellness. These activities included: running, walking, hiking, yoga, kayaking, Pilates, mountain biking, swimming, martial arts, and hula hooping. Many participants described how their physical activities provided wellness beyond *exercise*, showing considerable overlap with other subtasks. For example, some participants linked *exercise* with *stress management* from the *coping self* textural theme:

> P004: I have to incorporate a lot of physical movement in that, so I tend to take really long walks and that resets things for me. So, if I get really stressed out and I can't see my way out of the paper or research thing, then I—I just shut it down, just walk away for a min—for a couple hours, and go on a long walk, listen to some music, and come back to it, and the problems that seemed huge before, I'm like, "oh, okay, that's what that was, alright." Then, I just can kind of move along through it.
>
> P010: So, when I would have a stressful day, I worked with children with disabilities before I started my master's, so most of them had CP [cerebral palsy], so it would be, like, a very challenging day and then you would come home and I

> just didn't know what to do with myself, I did feel very grateful for, you know, being able-bodied, but I would just either go to the gym, take the frustration out, like, I would love being in the gym, like, I would go sometimes for two hours and everyone would be like, "you were here, like, before me and you're not even leaving now." So, I would love going to the gym, gym was it, and then swimming, like, when you can just—I would just go for a swim by myself, that was like—you can block everyone else out when you're in the water, it's just, it doesn't matter what the world is up to.

The subtask of *exercise* also overlapped with the subtask of *self-worth* in the *coping self* textural theme for some participants. P007 discussed how hula hooping, one of her physical activities, has helped to increase her *self-worth*:

> I've got a, like a crafty, little, someone made this hula hoop, I bought it on etsy [*sic*], a handmade site, and, um, I started watching YouTube videos and I learned to hoop dance, so I do all these tricks, and I put my ear buds in and I just block everything out, sometimes I even close my eyes and I just dance like crazy, and actually, I just finished doing that about an hour ago, and so I still hoop at least once a week, um, and that feels like such a great part of my wellness because I dance, I let myself just have fun, I feel free, I feel sexy. It—it really is such a great part of my wellness

The overlap between the subtasks of *exercise* and *self-worth* are not always positive for some participants. P006 explained a sense of guilt in his lack of *exercise*, "my physical wellness should be a priority, just being in shape, I mean, now, I just kind of feel like an out of shape blob."

The lack of *exercise* over an extended period of time can be seen as a barrier to wellness in and of itself. The recent participant, P006, described how this concept had impacted his wellness:

> The biggest barrier is actually the patterns I've created because they're so hard to break. I've created two years worth of patterns of not taking care of myself in the ways that I used to, um, when you think of traditional self-care, instead I've thought of self-care as doing a lot, doing a lot of work so I can get a job and take care of myself in the future, kind of working for the future, um, but the patterns I've created, like, um, that's the biggest obstacle.

This same participant also discussed how his past patterns of wellness before entering a doctoral program could be an asset. When asked about strengths to his personal wellness, the participant explained,

> My past patterns of wellness and taking care of myself, I believe they're dormant, they're not dead, they died—well, they didn't die, they went to sleep for a couple of years, and having a little girl started kick starting them up again, and me wanting to not die early from smoking too much and not working out and eating horribly.

The *exercise* subtask of the *physical self* textural theme is often the first thing that comes to mind for individuals when asked about wellness and/or self-care, but for many participants, this subtask goes far beyond just remaining physically healthy. With overlaps between *stress management* and *self-worth*, it is clear that there is a mental and/or emotional component of physical activity for individuals.

Nutrition. The subtask of *nutrition* was identified in five participant interviews, but participants did not heavily emphasize it in the course of their interview. Most of the participants that mentioned *nutrition* listed it as quick component of what they do or did as self-care practices, adding "eating healthy," and "eat appropriate food," in their lists. P007 mentioned *nutrition* as a personal strength to her wellness, "I would say my eating habits are much more dialed in now than they have ever been." Other participants briefly mentioned strategies they use surrounding the subtask of *nutrition*. P009 stated, "I take my lunch everyday to work instead eating fast food with all my coworkers because that's a better wellness practice for me." P008 explained, "I also started looking into, like, using food as a tool instead of just something that I ate because it looked like it would be good." The term diet, a common word surrounding the subtask of *nutrition*, was only seen in one participant interview. The participant stated, "I have been dieting and I've been trying to lose weight, I've been pretty successful so far about losing it, slowly. So I—and I'm eating healthier."

For P003, the subtask of *nutrition* had overlap with the subtask of *cultural identity* in the *essential self* textural theme. The participant explained how her family of origin and the time period of her upbringing impacted her perception of wellness,

> Food and exercise, that was stressed, you know, eating healthfully, eating, um, consciously, as well, not quite as it is now with all of this low food stuff, but, you know, maybe the 80's version of that [laughter]. Um, but, you know, mood stressors, we ate a lot of whole foods, we were big on vegetables.

Sleep. The IS-Wel (Myers & Sweeney, 2004) does not mention *sleep* in the context of wellness; however, it was identified in five participant interviews, leading the

research team to view this as an important piece of wellness that is perhaps missing from the model. Some participants included *sleep* as a component of the ideal day of wellness and self-care. For example, P007 mentioned that sleeping late would be a great start to her ideal day, "probably sleeping in, allowing myself plenty of sleep and kind of be woken up in the natural way rather than my kids or an alarm clock." P008 mentioned *sleep* in terms of ending her ideal day, "I'd be able to go to sleep at the end of the day at a good time so I'd be able to get plenty of rest that night and I'd be able to sleep well."

Sleep, much like *nutrition*, was also not as heavily emphasized as the subtask of *exercise*; however, it held clear importance to some participants, as illustrated in the following quotes,

> P008: I focus a lot on getting the appropriate amount of sleep, like, that's a constant challenge as a student but, like, I find that the more that I'm aware of, like, little things like sleep hygiene, it betters my life.
>
> P009: I also made sure that I was getting more regular sleep after I understood, um, more about wellness, because I, um, had never really thought about that. I could survive on four hours, but was I really functioning well on only four hours of sleep? So that was, you know, something else I was trying to do, I tried to make sure I was getting at least six hours of sleep.

Physical health. The research team created the subtask of *physical health* because some participant statements were clearly within the *physical self* textural theme, but did not fit within the *exercise*, *nutrition*, or *sleep* subtasks. These statements revolved around health issues that the participants experienced and how that has impacted their wellness and/or self-care. For the most part, these health concerns had a negative impact on

participant wellness. For example, P001 illustrated the stress she experienced from a health concern, "I had started to have, like, back problems, um, lower back problems after I had my second daughter, so, um, and that was really stressful." P002 explained how health issues have added to the degree of difficulty in his doctoral program, "This has been a hard year for me. I've been physically ill a lot this year." Even further, P007 described how her distance learning doctoral program has impacted her physical health, "A lot of that has to do with the commute that I make down to school on a monthly basis where I sit for fifteen hours in one day, and so, um, I've started kind of developing some back issues."

On the other hand, a health issue can serve as a protective factor for personal wellness. For example, P009 described a health crisis that he experienced as a wakeup call in terms of the need for wellness:

> That is where I realized that I had to start taking care of myself, um, in 2010, I had just started work on my doctorate and I had a major health crisis and it was because I was not taking care of myself, not having enough time for wellness, um, and ended up in a hospital for about a long time, um, and since then I've had to, like, redo everything, like I've had to, like, if I get overwhelmed, stressed, then I have to just take a break, you know, I have to focus on my health, and I had to put school at kind of like a close second.

Social Self

Myers and Sweeney (2008) described the second-order factor of *social self* as, "Social support through connections with others in friendships and intimate relationships, including family ties" (p. 485). The IS-Wel (Myers & Sweeney, 2004) includes the

subtasks of *love* and *friendship*. Myers and Sweeney (2004) explained the difficulty in separating the two subtasks, "Friendship and love can be conceived of as existing on a continuum and, as a consequence, are not clearly distinguishable in practice" (p. 274). The research team recognized this overlap between the two subtasks and made an effort to categorize participant statements according to participant explanation of the relationship where possible. For this study, the subtask of *love* contained participant statements regarding family members and romantic partners. The subtask of *friendship* contained participant statements regarding social interaction including friends, cohort members, and/or other relationships in the community (i.e., softball team members).

Participant interviews also illustrated the concept of *communal wellness* within the *social self* textural theme. The idea behind *communal wellness* is that one's own wellness is increased when surrounded by individuals also experiencing positive wellness. While it does not warrant its own subtask, the research team believed that the concept of *communal wellness* should be illustrated within the *social self* textural theme. The statement from P003 below is an example of *communal wellness*:

> Wellness was always about, not only how—how balanced you were, but how balanced everyone around you was, so it was really communal. Um, in our family, um, you know, we always had house guests, we always had people staying with us from various parts of our community, so being well wasn't just that you felt okay or that you felt, you know, emotionally stable, but that everyone around you did.

This statement is inclusive of both *love* and *friendship* subtasks and therefore was difficult to categorize as either. The participant is expressing the wellness experienced by

being around others that feeling well. The concept of *communal wellness* draws on all social relationships in that the participant felt it important to surround herself with well people regardless of *friendship* or *love* status.

Friendship. All participants noted the subtask of *friendship* as being an important component of their personal wellness. Several statements regarding self-care practices included spending quality time with friends and having social interaction. This subtask also appears to be the primary source of wellness for participants within doctoral level counselor education. Many participants spoke about the importance of relationships with other cohort members. When asked about the promotion of wellness in his program, P002 stated, "I think there's a lot of push between the cohort members to try to create an environment of, um, friendship and activity organically." Further illustrations of this component can be seen in the following quotes,

> P005: One thing that specifically comes to mind, I mentioned earlier that my cohort has been fantastic and our department, um, also really appreciates my cohort because, you know, a lot of cohorts fight, and splinter off, and get weird, and so they, um, I don't know, they always talk about us very positively, give us lots of good feedback on how happy they are that we are there for each other.
>
> P011: My connections with the people in my cohort, um, the close connections that I have, we're not all closely connected, but, um, just in discussions with them and kind of them being like, um, "you know, you seem like you're really frustrated" or then—or me discussing with them, like, "you're kind of quiet, what's going on?" So, just having those accountability relationships I think are important.

Participants saw the subtask of *friendship* as important outside of their counselor education program as well. Some participants emphasized the significance that friendships outside of the doctoral program held for them. For example, P004 spoke about the need to have connections with people away from school:

> My own self-care, which is, um, you know, like, for me it's really important to—because I'm at [school name] and I'm a doc student, and that's a big part of my identity, and everything I have to do. But I have to do things that have nothing to do with [school name] frequently and between, um, so I—I get involved in the community in the [city name] community, I do some sports, I do some community activities and that helps me get out of, uh, just so it's not [school name] all the time. And so, for me, that's self-care.

This statement also shows overlap with the subtask of *self-worth* in the *coping self* textural theme as the participant made an effort to identify with a community beyond his doctoral program. Another example of this need is seen in the following statement from P005:

> My friends that are kind of like, I call them my mom friends, they have nothing to do with my program, their kids and my kids are friends, we get together and, um, talk about everything but my program (laughter) once in a while it makes its way, but—but primarily those relationships are built on—on non-academic, um, commonalities, uh, so I think that's really important, and some—and I think it's sustained me, I think it gives me something else besides just my doc [*sic*] student life.

While most participants found the subtask of *friendship* to be supportive and affirming of wellness, P012 spoke about the added stress that maintaining relationships in his life, as seen in the following illustration:

> My friends, I'd say, like, they constantly are doing stuff because they're not in doctoral programs and I have to constantly say, "No, I can't go." So, it's gotten to the point where a lot of my friends aren't inviting me to things because they know I'm gonna [*sic*] probably be too busy, so it's had like a negative impact.

Love. The subtask of *love* was identified in all participant interviews. Participants reported relationships with family members and significant others as both supportive and uplifting, as well as the possibility of adding stress to their everyday lives. An example of this type of dual-thought process is well illustrated in P006's statement regarding caretaking for a newborn baby, "a big, big piece of self-care is, um, spending time with my daughter and just hanging out with her all day, but at the same time that's also work, so it's not always self-care." Caretaking in particular was seen as both positive and negative throughout participant interviews. On the positive end of the spectrum, P005 reported, "I take time to make homemade meals for my children, um, I don't know, four or five nights a week, I always make them a hot breakfast and that feeds my soul as much as it feeds their bellies." In contradiction to that, P001 reported:

> I got a job at a college counseling center right out of my master's program and having kids definitely impacted my wellness on every level, because then I was, sort of, doing a job that involved caretaking, um, on some level at work, and then I had kids at home who were very needy and needed a lot of care, and that was very draining, especially when they were little.

Being able to spend quality time with family was identified as a significant source of wellness and self-care for several participants. P007 illustrated the importance of scheduling time with family and how that has positively influenced her wellness:

> I had to start scheduling, um, regular date nights with my husband, so that's been good self-care, we're both in school right now, so, um, that has affected our abilities to connect regularly, so now we have to kind of set time aside, which has actually been a really good thing, and I feel like we actually are able to connect more because we have to schedule it then before when we were just kind of lax about making time for each other.

In that same light, other participants reported that being enrolled in a doctoral program away from their families and not being able to spend time with them as detrimental to wellness and self-care. P010 reported,

> Obviously, I miss my parents, it's hard not to see them for such a long time and all of that, so, yeah, I mean, I think I've gotten better with time because I've lived here for so long, but it still affects my wellness on days where I feel lonely, because then emotionally I don't feel well and I feel lethargic and, you know, tired and not interested in food or anything, like, just very low key, very blah and out of it.

Distance from family appeared to be especially stressful for participants when their families were going through hardships:

> P011: I think it's difficult—more difficult being so far away from family, cause [*sic*] we're like seven hours from where me and my wife are from, and so it's been more difficult—I guess, just, uh, not more difficult to do wellness activities,

> but more difficult in the sense that it's been higher stress, just because issues with family and you're not there, um, issues with medical stuff with family and you're not there.
>
> P012: My family's been going through a lot of, like, stuff and trying to kind of triangulate me into it, and me being so far, I can only really say a few things and not really be of help or anything, um, so that's been difficult.

Support from loved ones was seen as protective factor to wellness for some participants while enrolled in a doctoral program. For example, when asked about strengths to personal wellness and self-care, P011 stated, "I think my marriage relationship is very important, um, because in our interactions, she's kind of the one that can point out to me if I'm not being, um, if I'm—if I'm easily frustrated, then she can definitely point out those sort of blind spots I guess." However, participants also reported that when significant others were not supportive, it became a barrier to wellness for them. P002 spoke about divorce as a turning point in life for his wellness, "I got divorced five years ago, and that's where wellness started for me, is making a decision to take the crap out of my life and focus on trying to do what's healthiest for me first rather last." P005 also reported not feeling supported by her former partner in her quest for wellness,

> However, in my marriage, uhh, my husband thought of self-care and selfishness as synonymous. And so, for the last 14 years, I've battled trying to get a little bit of alone time, trying to get time to go exercise, um, and sort of being accused of being incredibly selfish when I did those things, so—so that's that other side of my struggle with wellness.

EcoWellness

Reese and Myers (2012) developed the concept of *ecowellness* as the theoretical sixth second-order factor of wellness in addition to the five within the IS-Wel (Myers & Sweeney, 2004). *Ecowellness* consists of three separate components, or subtasks identified for this textural theme: *access to nature*, *environmental identity*, and *transcendence*. These were later broken down to further subtasks after the Reese EcoWellness Inventory (REI) was developed and validated (Reese, 2013). For this study, the research team decided to utilize the original subtasks of *ecowellness*. It is important to note here that the subtask of *transcendence* was not identified in any of the participant interviews. Reese and Myers (2012) described the subtask of *transcendence* as connecting spiritual elements to a natural environment. The other subtasks of *access to nature* and *environmental identity* were both identified in participant interviews.

Access to nature. Ten participant interviews were identified with the subtask of *access to nature*. This concept was largely reported when asked about the geographical region of both participants' master's level and doctoral level counselor education programs. Both positive and negative elements were identified in participant statements. On the positive end of the spectrum, participants reported satisfaction and higher levels of wellness when the location of their program was closer to natural environments. For example, P006 reported that his program being nearby water had a positive influence on his wellness, "the biggest thing that helps me with self-care with location around the program is there being water nearby. I grew up in a beach town, well, kind of, the cut through to get to the beach town, so water has always been a big part of my life." This statement has some overlap with *cultural identity* in that the participant was influence by

the regional location in his childhood. P004 spoke about the city in which his master's level program was located and how that had a positive impact on wellness and self-care:

> There's always a lot of outdoor activities going on, there's always cultural event and activities to do, so I believe that, you know, where I lived, um, has not just influenced, cause [*sic*] I lived there during that whole time and I also did my master's degree there, but a lot of my self-care and wellness, positive wellness habits, came from living in that environment. I moved there specifically to be in an environment where I could be close to nature and close to where, like, people are active and outdoorsy and that kind of thing. So, that for sure impacted my, um, my health and self-care practices and things like that.

The same participant from the previous quote also gives a strong illustration of the negative impact that comes with lower *access to nature*. The participant describes how moving to a more urban environment for his doctoral program has affected personal wellness,

> Moving to [city name] where it's much harder to maintain self-care practices, I think, because it's, you know, it's hot all the time, it's a lot of pollution, it's, you know, nature is far away from you, that kind of thing, people are just not as outdoorsy, active, they're not as environmentally conscious.

The research team identified participant statements regarding regional weather that limited *access to nature*:

> P007: Living in [state], um, we're somewhat limited in our outdoor activities during the fall, winter, and spring, so I would say it may have limited my ability to be active outdoors, um, and not belonging to a gym at the time, I guess that

may have limited how much I wanted to go out and run or be active outside, um, also, you know, the winters are very dark here and, so that may have affected my willingness to go out and do things.

P010: I didn't want to go out it was freezing, and so I could really run or do much in terms of, like, the physical, I would like to go to the gym, but again the gym was, like, on campus, so I would have to go to campus, and if I didn't have to I didn't want to because it was cold.

Some participants recognized the challenge that seasonal changes can bring to their wellness and found that they had to be more intentional with their wellness, creating an overlap with the subtask of *stress management* in the *coping self* textural theme:

P008: The fact that we spend so much time in winter, um, I really have to take care of myself during the winter months probably more than I would if I was some place where it was warm and sunny all the time, um, the older that I'm getting, the more sensitive that my body seems to be to the cold, and so the past couple of winters I've really had to take care of myself so that I am in a good place I guess, you know, the long, dark winter just, it really does take a toll on my—my emotions and my ability to feel well.

P003: I do think it really influenced the way we did self-care. We had to be so intentional, because our, like, we don't have a lot of time we can even be outside. Um, where I went to school for my master's program was—had this intense lake effect snow, so it wasn't just the volume of the snow, it was that it was so windy that even walking outside could be painful.

Environmental identity. The subtask of *environmental identity* refers to how much an individual relates their wellness to nature. This subtask was identified in four participant interviews. An illustration of this is in P011's explanation of how his *cultural identity* of the regional location in his childhood played a role in *environmental identity*:

> I grew up in a really small, rural area, so I think that being in nature is sort of my way of being calm and so the more I'm able to be somewhere where there's, like, trees, and just outside, the more I'm able to kind of be myself around it I guess, which I think is an important part of wellness, like being able to be around, and so I think that played a big part in it.

Holistic Wellness

The final textural theme for the *components of wellness* structural theme was *holistic wellness.* It was defined by the research team as the recognition of multiple forms of wellness working together and/or the utilization of self-care practices across multiple second-order factors of wellness. Therefore, *holistic wellness* has considerable overlap with the other textural themes within the *components of wellness* structural theme. *Holistic wellness* was identified in nine participant interviews. Examples of participant conceptualization of *holistic wellness* can be seen in the following quotes:

> P006: I have many domains in my life, many areas that I have to take care of myself in, um, for me, my big areas of what amounts to self-care are family, social, eating healthy, physical activity, nurturing my creativity with music and art.
>
> P007: I would say, for me self-care is very personal to each individual and it is based on the things that help someone to take care of themselves, so whether that

be physically, emotionally, spiritually, um, kind of, uh, a whole picture view of what it means to each individual to be healthy.

P002: I think wellness and self-care, I think it's a global concept, which is something I'm still struggling with implementing in my own life, because it's not just physical, it's not just mental, it's not just spiritually, it has to be—and social, it has to be all four components, in my opinion. Um, bio-psycho-social-spiritual, um, it all has to come together because if any one of those things is neglected, then you're not going to be well. So, I'm looking at it kind of holistically.

Program Culture

The second structural theme of *program culture* related to behaviors and attitudes of the program and/or faculty members in relation to both general wellness and wellness-related student development. This structural theme was identified in all participant interviews and included perceptions of both master's and doctoral programs. The textural themes found within *program culture* included the following: *degree of promotion*, *degree of support*, and *treatment of students*. The structural theme of *program culture* and the subsequent textural themes were also identified on two separate levels: *program* and *professors*. This was determined in participant statements when they would talk about the overall program or individual professors.

Degree of Promotion

The textural theme of *degree of promotion* was used to identify the level at which the participant perceived wellness promotion as either emphasized or neglected creating a continuum of promotion ranging from minimal/neglected to highly emphasized. Subcategories within the *degree of promotion* textural theme included: *communication*,

curriculum, *modeling*, and *extracurricular opportunities*. *Degree of promotion* was identified as a textural theme in all 12 participant interviews. Wellness promotion was seen as both crucial and difficult among participants. P002 reported how he perceived the weight of importance that wellness promotion holds for counselor education programs. He stated, "...teach it as an ethical obligation just like we teach Tarasoff or something else of importance. Uh, I think it's that important and I think we really have dropped the ball in terms of making that obvious and that important to students." P012 expressed that he believes the difficulty in wellness promotion lies in the individuality of the students:

> I just think that, uh, it's just a unique group of people that there's no formula for it, it's all very individual, so I think, you know, just promoting it as an important factor is really kind of where they're stuck, and then just being open to talking if someone needs to brainstorm or vent, I guess, would be what they're kind of left with being only able to do.

Another difficulty that participants perceived for certain programs was having a distance-learning (i.e., online, hybrid) format. Two of the 12 participants were enrolled in programs that utilized a distance-learning format. Both participants mentioned that the distance format could pose as a barrier to promotion for programs:

> P001: I think it's very hard for them to get a read on what's going on with people when they don't see us all the time in person. So, they have to assess all of these things at a distance, um, and whether that's—you know, we're writing emails back and forth, you really can't tell in an email what's going on with somebody, um, you see them through Adobe Connect or something, that's—that's better, but it's not like somebody sitting in a classroom and you get a real—or you see them,

like, on a break during class and you get a real sense there's something up, and it's just much more limiting than that.

P007: I would say not meeting on a regular basis and distance could be a barrier for—for kind of promotion of—of self-care because we don't see each other regularly, um, only meeting in person twice for each course, I think is probably a barrier, and trying to fit so much information into—into like two days is a big—big task, so that could be a barrier.

Communication. The subtask of *communication* was used to identify how participants perceived the level of messages received regarding wellness from either individual professors or the overall program in general. As the textural theme of *degree of promotion* was viewed on a continuum of minimal/neglected to highly emphasized, the subcategory of *communication* was viewed on a similar continuum from low to high in terms of the amount of communication perceived.

Six of the 12 participants interviewed reported a significant change in the *degree of promotion* between their master's level and doctoral level counselor education programs. All six of the participants noted less emphasis on wellness in their doctoral program than in their master's level program. For example, P008 stated,

> It seems like it's more focused on, like, on the academic or, like, "this is how you supervise students, this is how you do this," so more of, like, the nuts and bolts of the counseling and being a supervisor, being a counselor educator versus how to take care of yourself.

P007 mentioned less emphasis in the doctoral level, but was unsure if it was due to the level of education or to format of the program as her master's level program was

traditional and her doctoral level program was hybrid. She stated, "I don't feel like it's talked about quite as much as it was in my master's program, um, we also aren't together face-to-face on a weekly basis like I was during my—during my M.A. degree. So, that might defect kind of that communication about wellness and self-care."

In terms of the continuum from low to high communication, P009 described his doctoral level program as being on the higher end,

> It's a top priority, um, really stressed highly with the doc [*sic*] students especially, they do with the master's students too, but it just seems like they really stress it big time with the doc students because of the fact that, you know, you've lived it too, you know, that it's very stressful when you're in a doc [*sic*] program, it's a lot of work, it's a lot of dedication, and you can forget to take care of yourself very easily with all of the deadlines that you have and the responsibilities that you have.

P010 depicted the vast difference she has experienced between the level of communication at the master's level and now at the doctoral level,

> I feel like people have forgotten that wellness exists in this program, and I don't mean to, like, insult the program or anything, I'm just used to a very different program where the professors, like, would have meetings and tell us about self-care and be like, "what are you going to do for self-care today?" like, after a difficult session they would be like—but nobody tells us, "oh, what are you going to do for self-care today now that you've finished your qualitative research paper?" Nobody's asking us that anymore, it's like, "you're a grown-up, you can figure it out on your own, you should know better," kind of.

This illustration also contains a negative message she has perceived from the program in that student wellness is strictly an individual activity that should only be utilized apart from academic studies.

Negative messages regarding wellness are not as uncommon as one might think in counselor education. P006 described how he perceived the general attitude of the department as, "you're here to work, you're here to learn, suck it up for two or three years, get it done, put your life on hold." Marginalization of the importance of wellness and self-care is also illustrated well by P003:

> I remember one, I mean this happened a lot, but one day in particular, my cohort and I, there was [*sic*] five of us, well, a combined cohort, um, in our professional issues class and our professor came in and said, "Like, everyone, you know, I've noticed that you all look really stressed out, you look really burned out, like, you've been, like, your faces are all wan and drawn" and, um, she—so we said, like, "are you asking if we're okay?" and she said, "Well, I'm asking you if you can still do your work," and then started laughing and was, like, "I don't really care if you're okay or not, just, can you do your work? Like, are you still going to be, like, showing up for supervision?" and we all laughed and—because it was—it was so blatant, like, that's how the department felt.

Less obvious forms of marginalization were also identified in participant statements. Two participants mentioned wellness and self-care as being looked at lightly in the form of jokes. The same participant as above stated, "I mean, self-care's always joked about as being going for drinks, like, that was, like, the joke in the program, like,

self-care is basically heavy drinking." P012 spoke about how his program joked about wellness and self-care in regards to a particular student:

> There's like only one of us that, like, doesn't work and, um, like, have, like, a full-time job, so she's been pretty good about, like, she's kind of like the—she—they joke with her and kind say like she's kind of the child of the group or whatever, but, like, it's—it's something we all know that we need to be having, but we all joke that we just don't have time for it or anything.

Participants provided perspectives on another form of negative messages and marginalization in the incongruent nature of their programs. This was identified in participant statements that mentioned hypocrisy in what they were hearing and what they were experiencing:

> P006: Every now and then the only piece of self-care I get is people tell you, "protect your time," but, um, usually that doesn't mean, "protect your time, um, by doing things that are good for you," it usually means, "protect your time so you don't get overworked with stupid shit that doesn't really help you on your CV, protect your time by picking smart things and just don't put too much on your plate so you do a crappy job on everything." That's how I've interpreted "protect your time."
>
> P010: I think we should practice what we preach, we preach, preach, preach preach wellness, wellness, wellness, wellness, talk about it, write about it, live it, but we're not actually living it, we're not practicing, we're not demonstrating that, I don't see any faculty demonstrating wellness for us, I don't think we're demonstrating wellness for the master's students or the undergrad, we're stressed

> out most of the day and pulling our hair out most of the days, so I don't think we're doing a very good job.
>
> P002: I think it's that important and I think we really have dropped the ball in terms of making that obvious and that important to students. I think we give a lot of lip service to self-care and wellness and I think it's a very undervalued component of what counseling or counselor education should be.

Curriculum. The subtask of *curriculum* was identified by the research team in participant statements that explicitly talked about wellness discussions and/or activities as part of his or her coursework. Four of the 12 participants had statements identifying with this subtask. P011 reported a high amount of focus on wellness in his courses at the master's level:

> I think that it was a big—it was a very big part of it, like—like I said, you had to do certain reflective journaling in every class, like, um, even associated with, like, ethics, like, you would have—we did reflective journaling on "what are you doing to promote self-care in—from the stress you are experiencing in this class" or whatever, like, it was all involved.

P010 talked about her experience with a wellness activity during one of her master's level courses and the impact it had,

> It was my internship class and it was the last class, and instead of talking about self-care the doctoral student, she actually brought in, um, you know, the boxes that you make by yourself? The little cardboard boxes? And then you can—it's like a therapeutic box that you make. Five senses that you have to capture in it and she got, like, scents, like little, miniature perfume, and cotton balls so you

> could, like, dip it in, and scent, and then she got, like, soothing stones for texture, and visuals, she got magazines and stickers, like whatever you wanted to do with it, and so we created this, like, you know, capturing five senses in this little box, and I thought that spoke so much more about self-care and actually practicing it, displaying how to practice it, then just talking about it.

As far as *curriculum* at the doctoral level, P007 reported that wellness and self-care are talked about and focused on in specific classes in her doctoral program. She stated, "I would say definitely in the—in the classes in which we're working with clients, um, self-care's promoted, um, and I would say that's primarily the—the length that we've discussed it in my doctoral program." P008 reported the offering of wellness specific classes to both doctoral and master's level counselor trainees at her university, "the doctoral students do still have access to taking the wellness classes if they want to, um, so like that is still an option, if doctoral students want to take those classes and, in fact, some do."

Modeling. The subtask of *modeling* is seen exclusively at the professor level because it is dependent on individual faculty members reflecting wellness and self-care to students through their actions. Only four of the 12 participants had statements identifying with this subcategory; however, *modeling* appeared to be an incredibly strong form of wellness promotion to the participants that mentioned it.

P009 reported, "I know two of my professors, unless its snowing, bike to work everyday, and they encourage, you know, students to make sure that we're taking time to get our exercise in and, um, that we're taking care of ourselves." That same participant later reported the impact this had on him, "it's nice to see that they're not just talking it,

but they're actually doing it too, so like, you know, I think that makes a big impact on a lot of us, so, you know, not only are they saying that we should do it, but we see them out there doing it too." P001 reported that the general demeanor of faculty members has had an impact on her, "they also seem personally, like, well people, they don't seem overwhelmed or, um, sort of cranky, you know, and, you know, overly stressed, so just even modeling sometimes, um, balancing things is important." The subcategory of *modeling* is also illustrated in the following quote from P004:

> I know I had a professor that was really into outdoorsy kind of activities, um, I had another that just went to the gym everyday regardless of "I don't have time to do that," and do some running on the treadmill, and biking, and a bit of weight lifting, and things like that. Um, you know, a couple of them modeled, like, taking time off to travel and go places and how that's important, and connecting with family and friends.

Just as faculty modeling of wellness can have a strong impact for students' perceptions of wellness, faculty self-neglect can also influence students. P009 reported,

> I really wish our faculty could practice what they're preaching and—because they always look so tired, so stressed, um, so, you know, a lot of—a lot of the student always comment on that, like, "well, you tell us to get extra rest and you tell us to eat healthy and you didn't eat lunch today and you look like you didn't sleep very well last night."

Extracurricular opportunities. Extracurricular activities were reported as having a positive influence for some participants. The subtask of *extracurricular opportunities* was identified in four participant interviews. Statements identified within

this subtask included some form of wellness promotion outside of the class, whether formally (e.g., organized by the Chi Sigma Iota chapter) or informally. An example of formal *extracurricular opportunities* are illustrated in the following quotes,

> P005: Chi Sig[ma Iota], you know, they're always doing something that we can participate in, uh, someone in my program is doing a—some type of wellness, um, I could forward you the flyer, but it's like a wellness competition and you have a team and, um, your kids can be included, so it's right my alley, and you—you have like three weeks to run a marathon, and, um, my kids get to count their soccer practice, and things like that, and, um, and it's just fun and silly.
>
> P009: Our, um, Chi Sigma Iota chapter, um, helps with a couple run and walk, um, events, um, that are charitable events, um, and our faculty are pretty, um, involved with that as well, to try to get not only the students to be volunteers, but also to run or walk in the events. Um, and, um, so they—they really try to promote us to, you know, get out there and do something other than just study all the time or work all the time or whatever the case may be.

P010 provided an example of an informal form of *extracurricular opportunities*, "one night after class, we were like, 'let's just all go for karaoke,' and we did it, it was Thursday night, we got done at ten o'clock, but we still went. It was fun, it was good self-care."

Degree of Support

Similar to *degree of promotion*, the textural theme of *degree of support* is seen on a continuum ranging from minimal support to high support. This textural theme is also split between a general program level and individual professor level. *Degree of support*

was identified in all participant interviews. No subtasks were identified within this textural theme, as it was recognized throughout participant interviews in reported program or professor attitude and/or behavior. Aspects of *degree of support* were difficult to differentiate from the subtask of *communication* in the *degree of promotion* textural theme, especially in terms of negative messages as perceptions of attitude can be strongly influenced by what messages the participants received within the program.

P003, who perceived a minimal level of support within her overall program, stated, "There just wasn't a place and that was—you know, you definitely get punished if you don't focus on wellness, cause [*sic*]—but there's not place to actually ask for it." P002 reported a desire for more support from his program, "I think, uh, maybe, um, if the program was a little bit more conducive towards helping us get our goals accomplished that they tasked us with, that that would help because it would take the stress off of us." Lastly, P004 recognized the need for programs to balance both support and expectations of counselor trainees,

> I think more should be emphasized on the supportive environment, and supporting—having high expectations, I mean maybe this is the school counselor in me, have high expectations and provide the commensurate amount of support that—that makes people able to reach that expectation. Don't just have high expectations and no support, or low expectations and low or high support, you know, like, it has to be—they have to go together, they have to meet, you have to have enough support to meet the expectation without having to jeopardize or lower the expectation.

Participants that perceived the *degree of support* as being on the high end for their programs tended to focus specifically on the faculty rather than the overall program. For example, P001 stated, "all of the faculty made it really clear that they were open to coming to talk to them and they already started talking to us about the dissertation and allay fears people had about it." This statement regarding *degree of support* was identified at the program level in that it doesn't mention specific professor behavior, but rather an overarching attitude expressed by the faculty as a whole. P005 stated, "Faculty has been really supportive of wellness and self-care," showing another example of faculty being viewed as a whole.

When asked about the general attitude of her current program, P005 reported a positive perspective of support within her program while also receiving a negative message during the second year:

> Very, very supportive. I think in my second year, there were times that I was—I mean, I was very nicely told, "to suck it up, it's your second year." (laughter), um, but I think first year and then now, people have just been amazing, it—you know, again, prescribing, "take a play day, don't do homework over the holidays, class."

In terms of individual support at the professor level, several participants identified behaviors utilized by specific faculty members that were perceived as supportive of their wellness. P003 reported, "I check in with my advisor a lot about my wellness, I made an agreement with her that we do that." Five other participants when explaining supportive behaviors of individual professors used the phrase "check in," or "checking in." P009 mentioned how supportive his dissertation committee has been since experiencing a health crisis at the start of the program:

> They're always constantly checking on me, I think even more than they do some of the other students to make sure that I don't overdo it, because they know that my health is a little fragile, um, so I'm very grateful for my advisor and the rest of my, um, um, dissertation committee because they're all very supportive, I'll just get random emails like, "hey, I haven't heard from you in a week, how's things going, um, how's your health?"

P006 reported that the behavior of "checking in" was an important part of a mentorship that he had with a professor, "He built a relationship with me and would check in and stuff and how I've done with it and this and that, always talking with me about family, we never talked about work, which was really good." Regarding mentorship, P007 reported, "I think that the faculty do a good job of gaging, um, those students that might need extra check ins or, um, that might be struggling and they take kind of a mentorship role for that, I haven't experienced that myself but I know a couple cohort members who have." P011 reported that not having that type of relationship or mentorship with any of his professors was a barrier to personal wellness and self-care, "I think just not having that, I guess accountability might be the word, like, 'what have you done for yourself?' you can kind of forget about it and it just kind of slips off."

Negative Treatment of Students

The textural theme of *negative treatment of students* was only identified in three participant interviews; however, the powerful pictures painted by the participants surrounding this theme deserve to be presented. *Negative treatment of students* was identified as behaviors by the overall program and/or individual professors that were

perceived as damaging and detracted from participant wellness. Two subtasks existed within this textural theme: *inequity* and *tradition*.

Inequity. The subtask of *inequity* was identified in three participant interviews. Participant statements identified with this subtask were surrounding a general feeling or perception of inequality in counselor education programs. P004 reported that he had not experienced *inequity* in his own program but was aware of other programs that may suffer from this barrier to student wellness,

> I know some programs are really, highly competitive, and there's almost like favoritism shown towards, like, certain people are given really, juicy, good assignments that make more pubs and things on their CV [curriculum vitae], where other people don't get a lot of stuff, and that sort of lack of equity that happens.

The other two participants reported experiencing *inequity* in their own programs. For example, one participant commented on the differences in workload across assistantships for some students. In response to a question regarding barriers to wellness promotion in the program, P006 described,

> It depends on the role you have, um, different GTA [graduate teaching assistant] roles require different hours, um, like I had a GTA role that required that I was, um, I always had to be responsive to emails that I got, where, you know, I have colleagues that have been able to take a real winter break, um, where I've never been able to do that.

Lastly, P010 described a desire for her doctoral program to offer opportunities similar to her master's program:

In my program, like, a lot of the events, faculty were at it, doctoral students were at it, master's students were at it, and it felt like that hierarchy with the power difference was also cut down for a little bit, it was a really good experience to have that. Right now, I feel like the power difference is just so high, and, you know, so just having some events that are outside of school, that where all of us are, like, at least on some level, equal, would be nice.

Tradition. P004 mentioned the subtask of *tradition*:

I also think that there's sort of, um, a hierarchy of—of—in programs and also a narrative that we tell ourselves that keeps happening for all doctoral students, that it's hard, ugly, grunt work, that you're a low person, um, you have no power, you have to do terrible things for other people because they ask you to, you have to know your place, you have to shut up and do it, you have to earn this, and, um, and this horrible narrative perpetuates itself, um, it's sort of like that, "well, this is what it was like when I was a doc student, so now I'm giving you the gift of this horrible narrative that's stressful and terrible and creates imbalance in your life." Almost like a hazing ritual, or something like that, and I think that's a real barrier, and I think that's—that genuinely doesn't have to be like that, I think it can be more of a supportive environment.

The tradition of it all, um, I think some traditions are stupid and oppressive and wrong and ineffective, and just because that was your experience doesn't mean that you should make it the four hundred peoples' experience that you work with in the course of your, you know, profession, that you impose that on other people.

> And so, I think it's really important that we consider what parts of that are healthy and unhealthy and what can we let go of and not have that be a part of things. There's so much there that, um, in the name of tradition, or in the name of, you know, "this is how it was done for me, so this is all I know," or, "this is the way we've always done it," or something like that, that I just think is unnecessary, um, and just creates more stress than needs to happen, um, and can kind of erode that supportive environment that you try to create.

Recommendations

The structural theme of *recommendations* was created to contain the suggestions that participants offered to help improve both student wellness and wellness promotion in programs. The structural theme was broken down into three textural themes: *institutional support*, *inclusion in curriculum*, and *individual practices*. The structural theme of *recommendations* was identified in all participant interviews.

Institutional Support

The research team identified the textural theme of *institutional support* as suggestions that participants offered in direct relation to the program and faculty members apart from the classroom. This textural theme was identified in all participant interviews. *Institutional support* contains five subtasks: *accountability*, *awareness of student wellness*, *individuality*, *modeling*, and *opportunities*.

Accountability. The subtask of *accountability* contained participant suggestions identified as programs and professors making an effort to check in on and encourage student wellness. This subtask was identified in seven participant interviews. *Accountability* was seen in both the context of individual relationships with faculty

members and overall program behavior. For example, mentorship was a common piece of this subtask as seen in the following suggestion from P006:

> If you're advising a student, um, and you're their mentor or something like that, you know, you should emphasize it, make—you know, you're kind of keeping a pulse on that student to see how they're doing, so, you know, just making sure they're taking care of themselves and ask them about that.

P009 mentioned *accountability* in the role of instructor as opposed to mentor,

> We need to make sure that our students, um, don't pull that all-nighter and try to, you know, cram it all in the night before, that they're taking care of themselves and trying to study over the week instead of waiting until the night before, and so that way they will be rested and be able to test well, um, or write that paper to the best of their ability

Lastly, P001 mentioned the use of wellness assessments to help programs monitor student wellness throughout the duration of her program,

> I think they could do—probably could do some kind of quicky [*sic*] check-in on wellness every once and a while, like an assessment when you first come in, like, this is like very basic, nothing really complicated or—but checking in on wellness when you first come into the program, checking in how you're doing throughout the program, um, that your advisor could talk to you about the results of that check-in, and then maybe give you, again, some resources or ideas

Awareness of student wellness. The subtask, *awareness of student wellness*, was identified in five participant interviews. In regards to this subtask, P002 suggested, "I wish they'd give us a little more space. I understand we're on an accelerated program, so

we get what we ask for. I wish that the program was a little more sensitive towards the stress, especially coming in." P003 illuminated the need for programs to be keenly aware of practicum and internship sites:

> I think that we need to be really conscious of the sites that we are sending our students to. Are they sites that promote wellness? Are they sites that can detract from their wellness? Um, I know some of our students in my current program will go to—we'll send them to certain sites that are pretty negative, I mean, sites that I've even worked at in the past where it's really hard to maintain any type of wellness, just environmentally, so are we sending our students out to toxic environments, and if so, if that's the only place, how are we supporting them outside of those sites?

P004 suggested utilizing a needs assessment in targeting student wellness in doctoral programs:

> A program should do a needs assessment and pilot a needs assessment of trying to find out what's working and what's not working in the doc program in terms of wellness and, um, self-care, and then try to make—implement changes with it, whether they're structural or programmatic or whatever, to try to see if that, doing a before and after and seeing if that has an optimal outcome for their students, and if so, maybe it—maybe it's able to be duplicated in other programs.

Individuality. Respecting student individuality in the promotion of wellness was seen as an important piece of *institutional support* for five participants. P006 linked the significance of mentorships:

> I'd say mentorship is a big one, um, where you're not specifically promoting different types of self-care, but it's individualized to the person, based on their life and the relationship you build, um, and what matters to them cause [*sic*] really, ultimately, self-care is different for everybody and self-care, you know, it doesn't matter unless it's meaningful to that person, or if it's something that's useful to that person, so it's gotta [*sic*] be individualized and personalized.

P008 reiterated this need for individuality for counselor trainees in regards to personal wellness with the following quote:

> I don't think it would be appropriate for programs to get too heavy handed in, like, you know, "when was the last time that you exercised? You can't just tell us, you have to prove that you're really taking care of yourself" or whatever, like, we—we have to allow them the freedom to choose.

Modeling. The subtask of *modeling* was identified in four participant interviews. P002 stated, "I think that if we learned to take it seriously and take care of ourselves and model it, then we are doing a higher good for our students than maybe teaching theory and psychopathology." P012 offered the following suggestion in regards to *modeling*,

> I think kind of being vulnerable, maybe talking about your own, like, uh, wellness plan, you know, maybe not disclosing everything, but just kind of examples where, you know, you're honest with your struggle and that, you know, it's something that you've had to make a pointed effort, so just, like, living by that example, again, like if you're worrying about it then I feel like it will trickle down to your students too, but if you're even more so open about it, it allows that to happen even more.

Opportunities. The subtask of *opportunities* included a wide variety of activities that participants would like to see offered as a part of their program. P005 listed the importance of having a wide variety of activities touching on several second-order wellness factors, "maybe exposure to, um, like 5Ks and, um, meditation, yoga, you know, really providing opportunities for students to have experience, and that, even like an introductory yoga class or, um, just things like that." P007 suggested an educational element in her suggestion, "I also think maybe encouraging some textbooks or readings about self-care outside of the classroom might be helpful as well." P002 incorporated nature and being outside with his suggestion,

> Having a day on the lawn would—with a doctoral program picnic would be fun and if the institution would pay for it and get everybody there—I remember the last time we had a picnic it was indoors, it was hotdogs in the foyer. Nice idea, but they missed the mark. We have a beautiful campus, why can't we go sit by the fountain or something? I think those things would really help.

Inclusion in Curriculum

The textural theme of *inclusion in curriculum* was identified in participant suggestions directly focused on classroom material and activities. This textural theme was identified in 11 participant interviews. Some participants spoke about this concept in an overarching manner, as seen in the following suggestions:

> P002: I think that we actually should have things, um, maybe even in the objectives of classes, each class. I think we should have—just like we infuse every class with multiculturalism, we could infuse every class with an

> understanding of "how does this topic impact our wellness and what do we do to enhance wellness?" Because I think you could bring that into every class.
>
> P007: I think that it should be an essential part of curriculum and discussions, um, especially when working with clients, but also in terms of any sort of counselor education courses, making sure that as future professors, we're being educated in how—how to teach on self-care. Uh, I believe it's really, really important that therapists are taking care of themselves before they take care of others.

Other participants had more focused suggestions, creating subtasks within the *inclusion in curriculum* textural theme. These subtasks included: *direction*, *discussion*, *ethical responsibility*, and *holistic wellness*.

Direction. The subtask of *direction* was identified in two participant interviews. The research team determined this subtask by identifying suggestions for classes to give students more tools and resources for wellness. In addition to teaching wellness and self-care in the classroom, P011 mentioned, "maybe somehow showing students how to do that, like how to be sure and add in time to do those things." P008 suggested that programs provide practical tools for students for after they graduate:

> We hear a lot of students graduate and then they're kind of like, "oh, I have to figure how to get a job or I have to figure out how to market myself or I need to figure how to, like, make my little business work," and they really haven't been given those tools to approach that, so there's a lot of stress that happens, um, at least from what I've seen, and I think that giving them more, like, nuts and bolts would help foster wellness.

Discussion. The subtask of *discussion* was identified in seven participant interviews. These suggestions revolved around some form of conversation or discussion that participants felt needed attention in regards to wellness. P011 suggested,

> I do think it should be discussed in a way that it's known that it's important from the faculty to the students, like, cause [*sic*] if the faculty are just discussing it as a fleeting idea then students aren't going to take it important, so I think that it should be important to faculty that would then communicate to students, so in the way that they conduct their classes or the way they discuss self-care, it should be evident that it's important to them.

P001 mentioned that more emphasis on wellness in discussions could help prevent future counselors from burnout:

> If we don't emphasize wellness, like if the program doesn't emphasize wellness, it seems to me that those students then, um, go on to probably, you know, not emphasize it in their personal lives or not emphasize it when they're teaching students in the future, um, and it can just kind of snowball, or maybe they go on to be counselors, but if they don't have the wellness component, they burn out.

Ethical responsibility. The subtask of *ethical responsibility* was identified in ten participant interviews. This subcategory was identified in participant statements that emphasized how important it was for counselor education programs to teach wellness and self-care as foundational to the profession. P002 illustrated,

> I just keep coming back to the idea that I know it's in the ACA code, but I still think that we should make the ethics of wellness, like, at the top, up there with multiculturalism and do no harm, because do no harm includes ourselves. I really

> do think it should be an ethical obligation and I don't think that most people see it that way and if I had to do it over again, and I decided to make wellness my expertise, that's what I would be trumpeting, is, "this is an ethical obligation of a professional practice." It's probably one of the most important things we could be doing and we don't do it very well, I think.

P003 suggested a paradigm shift that needs to occur in how counselor education programs perceive wellness:

> I think, in general, that counselor education programs need to be more integrated, um, so I really think that wellness—the idea of counselor wellness, and client wellness, specifically, counselor education should be conceptualizing wellness as a social justice issue, as a client-care issue, as a personal development issue.

Holistic wellness. The last subtask of *holistic wellness* was identified in four participant interviews. Similar to the textural theme of *holistic wellness* within the structural theme of *components of wellness*, the suggestions were identified within participant statements primarily focused on the importance of incorporating multiple forms of wellness in their teaching. P002 stated,

> Well, I guess—I think it's the four pronged—I think—it's hard to do spiritual when you're in a public university, but spirituality doesn't have to be religion. It's more of about sense of existential being, so if you're looking at psycho-social-physical and spiritual, I think that we should be putting our fingers in all four pots somehow.

P007 reiterated this with the following suggestion:

> I think it's really important that people see self-care as kind of a holistic view, just making sure that—for them personally that they're taking care of—of several different areas of their lives between, you know, work, home, school, family, friends, just kind of looking at the bigger picture of wellness and I think that it's important that counselor educators give that message and teach that message and also teach future educators how to teach that message.

Individual Practices

The final textural theme of *individual practices* revolved around techniques or mindsets that both students and professors could utilize to improve their own wellness. This textural theme was identified in three participant interviews. The subtasks of this textural theme included *boundaries* and *self-awareness*.

Boundaries. Two participants had suggestions identified in this subtask. P009 illustrated advice he had received in regards to not taking work home,

> One of my students said it the best way that I ever heard it before, she said that her boss, her internship supervisor told her to pick a place somewhere as you're driving home and that's where you drop off work, at that spot, and then in the next morning, when you get up and you're commuting back in, then as you get to that spot, you can pick it up and you can think about it.

P001 spoke about *boundaries* in the form of distance between counselor and educator when working with students:

> All of the sudden a person sees you as, "oh, well now I'm gonna [*sic*] talk to my professor about every aspect of my life where I'm unhappy." And there's—so having some kind of boundary there is important, um, because I don't think you

can really teach somebody and, you know, be their counselor at the same time. That's a totally different role, so having a boundary between those two things.

Self-awareness. Two participants had suggestions that the research team identified as the *self-awareness* subtask:

P001: I think that especially the idea of, "if you're going to be counseling other people, you have a responsibility to take care of yourself." That—it's not like, "oh, let me just give everything to this other person, and taking care of myself, this is selfish." They—no, if you go about it that way, you're probably not doing a very good job, um, helping other people, um, you're not very self-aware and that always hurts you in the counseling field. So, there's some specific problems in the counseling field that make it—make it such that you really need to stay on top of that to actually do your job well.

P002: It's that ethical obligation, it's understanding what stress can do to you, not just physically, but mentally, or, um, unresolved issues, which I think is a big component of wellness. Everybody carries baggage. So, becoming introspective and learning about your baggage and where your triggers are or your buttons, whatever you want to call them, that cause you to act or react to the world and disconnecting those, so that you are responsive instead of reactive.

Conclusion

The first research question, *what are doctoral level counselor trainees' lived wellness experiences within and outside their programs*, and the first subquestion of *what are participants' self-identified self-care practices* were described primarily in the structural theme of *components of wellness*. Using the IS-Wel (Myers & Sweeney, 2004)

and EcoWellness (Reese & Myers, 2012) models of wellness, the vast majority of participant statements were identified within the second- and third-order factors of wellness. All participants' statements were identified within the IS-Wel (Myers & Sweeney, 2004) second-order factors of *coping self*, *creative self*, *essential self*, *physical self*, and *social self*. The proposed sixth factor of *ecowellness* was identified in 10 participant interviews. *Holistic wellness* was an original textural theme that was identified in nine participant interviews. All subtasks within these factors were also identified within participant interviews; however, some were more heavily emphasized than others.

The second subquestion, *how do participants describe the degree of wellness promotion in their training programs*, and the second research question, *what do participants identify as strengths and barriers to wellness and wellness promotion in their training programs*, were identified primarily in the structural theme of *program culture*. All participants were identified within this structural theme. This theme explained and categorized supportive and unsupportive behaviors and attitudes of counselor education programs toward wellness including the *degree of promotion*, *degree of support*, and *negative treatment of students*.

The third and final research question of *what recommendations, if any, do the individuals describe for wellness promotion within counselor education programs* was explored and answered within the structural theme of *recommendations*. All participants were identified within this structural theme. The suggestions provided by participants covered a wide variety of areas that programs, professors, and students could all utilize to benefit wellness and wellness promotion through *institutional support*, *inclusion in*

curriculum, and *individual practices*. The following quotes were examples of recommendations offered by participants:

> P003: I think, that as—as counselor educators specifically, we need to go in with that awareness, that each of our students are not just getting grades, or they're passing, or proof that they're worth, but they need to be fostered and taught, taught that this is a profession where wellness is important, it's foundational, so I think that we need to practice that. I mean, from everything from our admissions process to our remediation plans.
>
> P007: I would say definitely having those regular check ins and making it, um, maybe just like a—a routine, like it's something that students can come to expect on a regular basis. I think that would be helpful, it would also keep us accountable for making sure that we're practicing self-care as we preach it to our clients.
>
> P010: I wish we had some events like maybe a potluck even would be good, like, to realize, just like, you know, southern food is different than northern food, and people from different states have different, like, special foods and, I mean, there are quite a few international students.

In summary, the 12 participants provided positive and negatives sources of wellness activities and supports across a wide spectrum of wellness components and different program cultures; helpful recommendations were also offered. This provided a helpful insight into participants' experiences as doctoral students and future counselor educators. Additionally, many were able to contrast their current experiences with their past experiences of being enrolled in a master's program or present the challenges of competing obligations such as academics, family, work, and social outlets.

CHAPTER V

DISCUSSION

This study sought to explore doctoral level counselor trainees' perspectives of wellness and wellness promotion within and outside of their counselor education program. The research questions and subquestions that guided this study were as follows:

1. What are doctoral level counselor trainees' lived wellness experiences within and outside their programs?
    a. What are participants' self-identified self-care practices?
    b. How do participants describe the degree of wellness promotion in their training programs?
2. What do participants identify as strengths and barriers to wellness and wellness promotion in their training programs?
3. What recommendations, if any, do the individuals describe for wellness promotion within counselor education programs?

The research questions and subquestions served to guide the research team in the protocol of the semistructured participant interviews. Along with the research questions and subquestions, the data collected from interview participants produced three structural themes: *components of wellness*, *program culture*, and *recommendations*. Structural themes were identified for all participants.

Components of Wellness

The structural theme of *components of wellness* identified practices, thoughts, and experiences of participants in their relation to wellness. The *components of wellness*

structural theme contained seven textural themes: *coping self* (n = 12), *creative self* (n = 12), *essential self* (n = 12), *physical self* (n = 12), *social self* (n = 12), *ecowellness* (n = 10), and *holistic wellness* (n = 9). Interestingly, the textural themes based from the IS-Wel (Myers & Sweeney, 2005) were identified in all twelve participant interviews.

Coping Self

The research team identified *coping self* as a textural theme in participant remarks resembling utilization or neglect of the four subtasks found within the IS-Wel (Myers & Sweeney, 2004): *leisure* (n = 6), *realistic beliefs* (n = 2), *self-worth* (n = 6), and *stress management* (n = 12). *Stress management* was the most frequent subtask of all 16 subtasks identified in participant statements.

Puig et al. (2012), in their study on counseling practitioners, found that the coping self subscale of the 5F-Wel (Myers & Sweeney, 2005) was significantly predicted by the incompetence subscale of the CBI (Lee et al., 2007). Feelings of incompetence have been reported to contribute to counselor burnout (Lee et al., 2007). It may be assumed that feelings of incompetence may occur for some counseling trainees in relation to their counseling skills, impacting their self-worth, a subtask found in the *coping self* textural theme. In this study, some participants expressed feelings of incompetency with statements like P010, who stated, "I discount myself when I compare myself to them" in relation to her cohort members.

Puig et al. (2012) also reported a negative correlation between the deterioration of personal life subscale of the CBI (Lee et al., 2007) and multiple subtasks in the coping self subscale of the 5F-Wel (Myers & Sweeney, 2005a) including leisure, stress management, and self-worth. This could be seen throughout the study in relation to the

struggle that multiple participants expressed with juggling multiple responsibilities and the amount of time that a doctoral level program demands. Without stress management strategies (e.g., boundaries, time management) counselor trainees may have less time for leisure activities, thus deterioration of personal life could occur.

Lawson (2007) noted for counseling professionals that *maintaining balance between professional and personal lives* and *maintaining self-awareness* were the third and fourth most common career sustaining behaviors, respectively. These behaviors were directly related to the *stress management* subtask within *coping self.* Several participants reported that balancing their doctoral studies with their outside lives was an important component of their self-care and wellness. In addition, several participants reported that being able to recognize their own wellness needs was a protective factor in regards to their personal wellness.

Lenz (2010) constructed the Wellness Model of Supervision (WELMS) and emphasized a need for a wellness plan as a vital aspect of the model. Purposefully setting goals and scheduling time for self-care and wellness would be closely tied into the subtask of *stress management.* Multiple participants in this study reported that scheduling time to partake in wellness and self-care activities was an important piece to their personal wellness.

Shillingford et al. (2013) indicated that utilizing a self-care plan and determining and setting appropriate boundaries was a vital piece to wellness for minority female counselor educators. Several counselor trainees in this study also reported utilizing both a self-care plan (i.e. scheduling time for wellness activities) and setting appropriate boundaries to keep their studies and/or work as a doctoral student from overtaking their

lives. Shillingford et al. (2013) also reported that participants utilized positive support systems within and outside of the program, similar to this study in that several participants reported support coming from family or friends outside of the program. Having an identity away from the program was an important aspect of wellness to several participants.

El-Ghouroury et al. (2012) noted that academic responsibilities and poor balance were reported as stressors. Time was also reported as a large barrier for psychology graduate student wellness. Similar experiences were reported within this study. The responsibilities of the doctoral program and balancing were often cited as difficult for participants in terms of *stress management*. Time was also a difficulty that participants reported in terms of not getting enough personal wellness and/or self-care.

This study adds to the current literature in that there was significant participant focus in *self-worth* and *stress management*, particularly in the concept of identifying oneself apart from the doctoral level program. Phrases like the following point to this additional aspect: "trying to choose things that keep me engaged, or engages other aspects of myself," "just something that doesn't have anything to do with school or work," "I've made a real effort to meet people and to have friends outside of my program."

Creative Self

The textural theme of *creative self* was identified in all twelve participant interviews. Both positive and negative statements regarding the following IS-Wel (Myers & Sweeney, 2004) subtasks were identified in this textural theme: *control* ($n = 2$), *emotions* ($n = 6$), *positive humor* ($n = 1$), *thinking* ($n = 12$), and *work* ($n = 8$). The subtask

of *control* was specifically identified in two participants that expressed lack of confidence in academic material. Puig et al. (2012) reported that the CBI (Lee et al., 2007) subscale of incompetence had a negative correlation with the creative self second-order factor and pointed out "mental health professionals have the desire to think and solve problems effectively in their workplace, and they want to control their work. When they feel incompetent, it makes sense that their thinking, emotions, sense of control, and work management would be affected" (p. 105). The feeling of incompetence can affect multiple forms of personal wellness for the mental health professional and the same could be seen in doctoral level counseling trainees. Lawson (2007) also mentioned control as being part of the fifth most popular career sustaining behavior for counseling professionals, *maintain sense of control over work responsibilities*. This can be a particularly tough concept for doctoral level counseling trainees with the multiple responsibilities they often find themselves juggling and the lack of control some reported feeling in their programs.

The subtask of *emotions* was identified in six participant interviews. Participant statements identified with this subtask were primarily regarding achieving better emotional health through personal therapy. Prosek, Holm, and Daly (2013) looked at the impact of mandatory counseling services for graduate level trainees. The researchers noted that participants that utilized counseling services reported fewer problems, decreased depressive symptoms, and decreased anxiety symptoms; this is consistent with the participants interviewed in regards to their personal wellness. Five of the six participants identified within the *emotions* subtask reported personal therapy as having added to their personal wellness or serving as a protective factor to their already

established wellness practices. The other participant interview was identified with the *emotions* subtask with the statement, "I guess I would look at that as your overall, um, uh, state of being, I guess, in terms of, uh, emotional state," in regards to personal conceptualization of wellness.

Only one participant was identified with a statement within the subtask of *positive humor*, despite the importance shown in the career sustaining behaviors survey conducted by Lawson (2007). P003 reported, "I think that the biggest strength to my wellness is that I can be pretty forgiving of myself, I have a sense of humor about it," indicating how this participant utilizes this important subtask within the *creative self* textural theme.

The subtask of *thinking* was the most prevalent within the *creative self* textural theme and was largely related to participant statements that described how their education around the importance of wellness served to make them more aware of their need for wellness and self-care practices. This is consistent with other studies that reported higher total wellness for counseling trainees than the normed population (Abel et al., 2012; Lambie et al., 2009; Lenz et al., 2012; Roach & Young, 2007; Schure et al., 2008). Roach and Young (2007) indicated that participants reported a higher level of awareness when it came to personal wellness, which is consistent with findings in this study. Multiple participants reported that their education helps keep the need for wellness on their mind. P005 reported, "knowing what I know now as a doc student in a counseling program, I think that's sort of why I increased that self-care, because I know I need to."

The subtask of *work* was difficult to differentiate from other subtasks in varied textural themes due to the vast reach that a doctoral program can have on students. Five participant interviews were identified with this subtask, although there was considerable

overlap with the *stress management* and *cultural identity* subtasks in terms of statements regarding difficulty balancing workload and personal life. Roach and Young (2007) reported that no participants in their study expressed views pertaining to *work*. As mentioned previously, Puig et al. (2012) reported the incompetence subscale of the CBI significantly predicted the subscale of work in the 5F-Wel (Myers & Sweeney, 2005a).

Essential Self

The textural theme of *essential self* was identified in all twelve participant interviews and corresponded with three subtasks: *cultural identity* (n = 12), *gender identity* (n = 1), and *spirituality* (n = 4). The *essential self* also contained the subtask of self-care. In order to avoid further confusion and overlaps with other themes, the research team identified self-care as pertaining to all acts with the goal of wellness in mind and therefore chose not to separately identify this subtask in participant statements.

The prominence of the subtask of *cultural identity* in this study adds to the current literature. This study explored the various ways that participants' culture and family backgrounds impacted their perceptions of wellness. Past research studies reviewed did not emphasize this subtask regarding wellness. Roach and Young (2007) reported in their mixed methods study "students did not discuss gender or cultural identity with regard to their wellness" (p. 39). The subtask of *gender identity* was only identified in one participant's interview. The participant is transgender and has transitioned. This individual's *gender identity* had a large impact on his personal wellness. This subtask had limited mention in the studies reviewed (e.g., Roach & Young, 2007).

The subtask of *spirituality* has been seen in multiple studies reviewed (Pierce & Herlihy, 2013; Schure et al., 2008; Shillingford et al., 2013); however, Roach and Young

(2007) reported that no students discussed spirituality in regards to personal wellness, perhaps due to the difficulty of ethically and appropriately addressing spiritual matters in an academic setting. Participants in this study reported *spirituality*, whether or not religiously-affiliated, was an important piece of their personal wellness.

Physical Self

Another textural theme was the *physical self* containing two subtasks identified in the IS-Wel: *exercise* (n = 11) and *nutrition* (n = 5). Many participants listed forms of exercise as being commonly utilized, whether currently or formerly, for their personal wellness and self-care. This differs from Perepiczka and Balkin (2010), who found both subtasks of *exercise* and *nutrition* as two of the three lowest scoring third-order factor subscales among doctoral level counseling trainees. Roach and Young (2007) also reported that subtasks of the *physical self* were underrepresented as participants expressed difficulty finding time to exercise and eat healthy, consistent with Pierce and Herlihy's (2013) findings. Wolf et al. (2014) found that the *physical self* subscale increased on participant's 5F-Wel (Myers & Sweeney, 2005a) scores after participating in a pilot wellness program; however, the third-order factor of *exercise* was not significant.

In addition to the reviewed studies, the research team saw the concept of *sleep* (n = 5) and *physical health* (n = 5) as important aspects to several participants. These concepts had not been explored in the other studies reviewed, indicating a need for more research in the counseling field on sleeping patterns and behaviors as well as injuries and health concerns in relation to wellness.

Social Self

The *social self* textural theme contained two subtasks, both well represented in this study: *love* (n = 12) and *friendship* (n = 12). This study was consistent with other studies showing the significance of family and friendships in participant wellness. Lawson (2007) reported that the second most popular career sustaining behavior was to *spend time with partner/family*. Pierce and Herlihy (2013) reported that mothers in counselor education and supervision (CES) doctoral programs viewed motherhood as having both sacrifices and rewards to personal wellness, consistent with many participant interviews in this study. It was also indicated that cohort members could serve as a strong protective factor for individual wellness (Pierce & Herlihy, 2013). Schure et al. (2008) noted that some participants saw that personal wellness and self-care practices also helped to enhance social relationships. Shillingford et al. (2013) indicated that developing and maintaining positive social support systems both within and outside of counselor education programs was an important aspect of wellness to minority female counselor educators. El-Ghouroury et al. (2012) reported that support from family members, friends, and classmates was an important coping strategy for graduate level psychology students.

EcoWellness

Reese and Myers (2012) conceptualized the proposed sixth second-order factor of *ecowellness* having three components: *access to nature*, *environmental identity*, and *transcendence*. No participants discussed wellness in regards to *transcendence*. Therefore, only *access to nature* (n = 10) and *environmental identity* (n = 4) were used as subtasks and identified in multiple participant interviews. This study differs from Reese and Myers (2012) in that *transcendence* did not appear as a theme and was not identified

in participant interviews. Similar to Reese and Myers' (2012) conceptual piece, participants in this study indicated that being in a program that was nearby outdoor activities was conducive to their personal wellness. Some participants also indicated the strong influence that nature played in their upbringing, also consistent with the conceptualization of *ecowellness*.

Holistic Wellness

Holistic wellness ($n = 9$) was identified as a textural theme, indicating the need that some participants expressed of blending multiple forms of wellness. Myers and Sweeney (2005) addressed this concept:

> The significance of the wellness perspective lies in a positive, holistic orientation in which strengths in any of the components can be mobilized to enhance functioning in other areas and to overcome deficits and negative forces which act to depress, demean, or deny the uniqueness and significance of the individual (p. 276).

Participants often mentioned how different components of wellness could help to strengthen others. For instance, several participants talked about the social influences of friends and family to exercise more often. This perspective of *holistic wellness* is all-inclusive in nature and makes a point to not overemphasize one area of wellness over others. Similar to Pierce and Herlihy (2013), participants in this study indicated their sacrifice or loss in areas of wellness during their doctoral studies.

Program Culture

The structural theme of *program culture* was indicated for all 12 participants and contained the following textural themes: *degree of promotion* ($n = 12$), *degree of support*

(n = 12), and *negative treatment of students* (*n* = 3). This structural theme was identified in statements regarding the promotion or neglect of wellness and/or self-care by either individual professors or the program as a whole.

Degree of Promotion

The *degree of promotion* textural theme was perceived on a continuum ranging from minimal/neglected to highly emphasized. Participants in this study that perceived their program's promotion on the higher end tended to express more common utilization of self-care practices. This is similar to Wolf et al. (2014), who suggested that more promotion, whether through email, courses, or events, encouraged students to consider their own wellness more.

The textural theme of *degree of promotion* was further broken down into four subcategories: *communication* (*n* = 11), *curriculum* (*n* = 4), *modeling* (*n* = 4), and *extracurricular opportunities* (*n* = 4).

The research regarding actual tools and strategies used by programs for the promotion of wellness is limited. The pilot program conducted by Wolf et al. (2014) showed a variety of tools used to promote wellness including worksheets for identifying wellness shortcomings and goals, workshops, and email reminders. Due to data constraints, not one particular strategy of promotion could be determined over another; however all participants were exposed to the IS-Wel model (Myers & Sweeney, 2004) and encouraged to set wellness goals for the semester. The wellness scores for all participants increased after exposure and encouragement. Roach and Young (2007) reported that there was no significant difference in students enrolled in programs offering a wellness specific course and students enrolled in programs that did not offer such

electives. The findings in this study surrounding promotion add to the current literature as no reviewed studies explored the perception of program wellness promotion among counselor trainees.

Degree of Support

The textural theme of *degree of support* was also perceived on a continuum and multi-leveled (e.g., overall program vs. individual professors). The findings of this study were similar to Pierce and Herlihy (2013) in that faculty support was viewed as positive among most participants. Their study also indicated that some participants viewed faculty support as conditional or negligent, similar to the findings of this study. Lenz et al. (2012) reported that participant levels of wellness increased after 10 weeks of supervision utilizing the Wellness Model of Supervision (WELMS), showing that support from supervisors could help to encourage personal wellness for counselor trainees. Many participants in this study mentioned mentorship and/or "check ins" as an important component and strength to their program culture, which could be incorporated into supervision.

Negative Treatment of Students

The textural theme of *negative treatment of students* ($n = 3$) was only identified for a few participants; however, it adds to the current literature as no reviewed literature explored or indicated this perception among participants. The subctasks of *inequity* and *tradition* were unique in the findings of this study.

Recommendations

Several recommendations from participants in this study were mentioned in conceptual pieces or implications of the current literature. The structural theme of

recommendations consisted of three textural themes: *institutional support* (n = 12), *inclusion in curriculum* (n = 11), and *individual practices* (n = 3). The textural theme of *institutional support* contained five subtasks: *accountability*, *awareness of student wellness*, *individuality*, *modeling*, and *opportunities*. Lenz and Smith (2010) conceptualized the WELMS as a supervision model focused on wellness of students, consisting of 10-15 minutes of supervision meetings focusing solely on the personal wellness of the counselor trainee. Similarly, participants in this study expressed a desire for regular "check ins" from faculty mentors. The WELMS also consisted of a wellness assessment to be given periodically throughout the supervision process, another idea expressed by a participant in this study. Foster (2010), Wolf et al. (2012), and Yager and Tovar-Blank (2007) suggested faculty modeling as a key component to the promotion of wellness in counselor education programs. Similarly, participants expressed suggestions for faculty members to "practice what they preach" in an effort to increase wellness and wellness promotion. Wolf et al. (2014) indicated the importance for individuality in wellness practices, "Because wellness is different for each individual, participants were given the freedom to create their own wellness goals" (p. 62). Foster (2010) stated that an important function of extracurricular student groups (i.e., Chi Sigma Iota chapters) was to create opportunities for students to engage in wellness practices, another desire expressed by participants.

The textural theme of *inclusion in curriculum* indicated a desire for more wellness-focused activities in the classroom. In the conceptual piece on integrating wellness into counselor education programs, Wolf et al. (2012) stated, "Just as one course in multicultural counseling does not create a culturally competent counselor, a limited

wellness curriculum does not reinforce effective and ongoing wellness strategies" (p. 174). Similarly, participants suggested that wellness be included in a multitude of classes, especially in classes dealing with actual clients (i.e., practicum, internship). Some participants in this study expressed a desire for a separate wellness course, although Roach and Young (2007) reported no significant difference among wellness levels of students in such programs.

The textural theme of *individual practices* indicated a need for boundaries for both students and faculty members and a need for self-awareness for students. Boundaries for counseling professionals has been recommended in order to protect oneself from getting too involved with work and clients (Skovholt, 2012; Venart et al., 2007). Setting boundaries was also a common strategy identified by Shillingford et al. (2013) for female minority faculty members in counselor education. Self-awareness was a recommendation in several conceptual pieces as well for both counseling professionals and counseling trainees (Skovholt, 2012; Venart et al., 2007; Yager & Tovar-Blank, 2007). Lawson (2007) reported that maintaining self-awareness was career sustaining behavior indicated by many counseling professionals. Richards et al. (2010) indicated that self-awareness was positively correlated with self-care importance for clinical psychologists and clinical social workers.

Implications for Counselor Educators

Counselor education programs can be both detrimental and advantageous for doctoral level counselor trainees in terms of personal wellness. While students have a certain level of responsibility, it is important that counselor educators help to recognize self-neglect and guide students to better wellness practices during their doctoral studies.

Promoting wellness is an ethical responsibility and best practice for both counselor educators and counselor trainees (ACA, 2014; ASCA, 2010; AMHCA, 2010; Borders et al., 2011; CACREP, 2009; NBCC, 2012) and should be considered training in professional development of future counseling practitioners and future counselor educators. This study holds several implications for counselor educators in light of promoting wellness.

First, the findings of this study indicate that it is important for counselor educators to build solid relationships with students, which would allow counselor educators to gain more knowledge of individual students and better understand their personal wellness and self-care needs. This would allow for more organic "check ins" by faculty members with doctoral students. Building relationships with students would allow the faculty member to build rapport with the student and be more supportive when discussing wellness and self-care. This would also serve to honor the individuality of students in recognizing the various and expansive needs of wellness and self-care for differing personalities.

Regular and consistent participation in extracurricular activities would help faculty members to connect with students that may be too afraid or too busy to come by and speak with them during their office hours. This would help facilitate the relationship building as well as allow the students to associate with faculty members apart from the evaluative nature of the classroom. The power differential between faculty members and counseling trainees can appear enormous to new doctoral students. Connecting with students as an individual rather than an instructor, supervisor, or advisor could be useful in lowering the power differential.

Perhaps the most important implication from the findings is the importance of modeling wellness for doctoral level counselor trainees. Many doctoral level counselor trainees are planning to become future counselor educators and modeling how that is appropriate and effectively done can encourage them in their own future wellness practices. Counselor educators should consider letting students peak behind the veil and be open about wellness practices and wellness goals that counselor educators attempt. Discussing with students the struggle of balancing work and personal life could help students with a more realistic view of what it means to be a counselor educator. Sharing with students about appropriate work boundaries, such as time off from work responsibilities, could be beneficial for students and help them to realize that they don't have to neglect their personal wellness in order to reach personal life goals.

Along with modeling wellness for counselor trainees, counselor educators should be careful how they communicate regarding wellness and self-care. As some participants expressed the marginalization of wellness and self-care in their programs through jokes or lack of emphasis, it is important that counselor educators consider how they represent the importance of wellness for future counseling practitioners and educators.

Implications for Counselor Education Programs

Programs should consider being more flexible in how their programs are structured, with sensitivity to individual needs and outside responsibilities for counselor trainees. One way of becoming more flexible would be to consider the multiple courses that students are taking and making an effort to not overcrowd or overlap large and time-consuming assignments in intersecting coursework. This would require that faculty members have open communication about their expectations and syllabi with each other.

Certain points of the semester may be very exhausting for counselor trainees if they have multiple projects due simultaneously.

The treatment of students by the overall program and individual faculty members should be inspected. Programs should consider looking at the traditions that have been passed down throughout the years and reflect on whether those traditions are helpful or hurtful to current students. Being open-minded can help counselor educators and counselor trainees to become more innovative in the completion of course and program expectations. Just because the program has been done in one way for several years, does not mean it will work or be as effective for current and future cohorts. Programs should also examine the roles of assistantships for students and consider reformatting some of the positions to make sure that the work is equal among students.

Counselor education programs should also create opportunities for students to partake in wellness practices. This could be done through or apart from organizations such as Chi Sigma Iota or Counselors for Social Justice. Programs offering activities such as picnics and potlucks could help faculty members connect more in-depth with students outside of the classroom, helping to build relationships where modeling and support can take place. This would also create a space for students to invite their family members, allowing for them to fulfill their *social self* needs. Programs should also encourage students to create their own opportunities. It is important that counselor trainees take control of their own wellness and recognize their own wellness needs. Counselor education programs could provide funding for student-led activities such as workshops promoting wellness or off-campus activities. Money was indicated as a stressor for multiple participants and providing a free meal for the students could go a long way for

many of them. Creating and endorsing opportunities would also encourage students to take a break from the rigors of doctoral studies and enjoy the company of their peers as well as their instructors.

Programs could also help to facilitate mentor relationships with faculty members by assigning mentors to new students. This may need to be made a requirement for faculty members to meet with the students a certain amount of time over the course of the semester. This would help students connect with professors outside of the classroom as well as support faculty members in fostering relationships with individual students that otherwise may have not connected.

A holistic perspective of wellness should be integrated in the classroom as either a separate wellness specific course or as part of already existing curriculum. Programs should be diligent that the many facets of wellness are being promoted in relation to the field of counseling and counselor education. Many courses already have space for wellness and self-care to organically find promotion, such as ethics, current issues, multiculturalism, etc. Other courses could provide the occasional discussion in relation to the topic. For instance, a research-focused course could examine the 5F-Wel (Myers & Sweeney, 2005a) and the subsequent studies along with it. This would encourage further education on wellness and help students to become more aware of the need for wellness in daily practice.

Finally, programs should also consider how they operationalize success in the field of counselor education for both counselor trainees and future counselor educators. The messages that programs give their students in terms of success and how it relates to wellness practices may have a significant impact on what students feel they should be

accomplishing during their time in the program. Many participants in this study indicated a high amount of pressure to perform and gain experience for their future career as a counselor educator. By having counselor education programs reflect to the students that personal wellness and self-care is an attributing factor to success, counselor trainees may begin to value wellness and self-care more significantly.

Implications for Professional Organizations

This study also yielded implications for professional organizations in the counseling field such as CACREP, ACA, ACES, ASCA, etc. While many of these organizations speak to wellness and/or self-care in their standards or best practices, more emphasis may be needed. The ACA *Code of Ethics* (ACA, 2014) mentions self-care pertaining to the counselor role (Section C: Professional Responsibility) and the counselor educator's duty to support wellness related to student diversity (F.11.b.). CACREP Standards (2009) discussed wellness as a critical understanding within the core curriculum experiences as well as promoting and facilitating wellness in various courses of counselor education (e.g., social and cultural diversity, human growth and development, helping relationships). The ASCA *Code of Ethics* (ASCA, 2010) states the need for wellness amongst school counselors (E.1.b.) and The AMHCA *Code of Ethics* (2010) similarly mentions the importance of both physical and mental health for practitioners, but fails to mention wellness specifically (C.1.h.). The ACES Best Practices in Clinical Supervision (Borders et al., 2011) contained guidelines regarding supervisor self-care (7.b.vi. and 11.d.xiii.).

These and other professional organizations should consider further defining wellness and self-care within the standards and best practices. Self-care activities and

practical application to individuals' lives remain vague within professional organization documentation. The importance of wellness and/or self-care is clearly important to the counseling profession; however most organizations only offer a sentence or two depicting this importance. If wellness and/or self-care were to have a larger role in professional organization standards and best practices, the emphasis and importance of this practice may be clearer for counselor trainees, counselor educators, and counseling practitioners.

Professional organizations should also consider a stronger presence of wellness and/or self-care related research and concepts during annual conferences. Discussions regarding the need for wellness and wellness promotion should be emphasized at ACES and other regional conferences. Creating opportunities for programs to share ideas regarding wellness promotion may be beneficial for counselor educators that are feeling lost or unsure of how to promote wellness within their programs.

While wellness and wellness promotion is in the CACREP standards (2009), it remains unclear of how this is assessed within program reviews. A stronger focus on this during CACREP self-studies and sequential reviews may help highlight the importance of wellness and wellness promotion to the profession. CACREP should consider utilizing wellness assessments such as the 5F-Wel (Myers & Sweeney, 2005a) for students when reviewing a program for accreditation. This may accentuate the need for wellness while also providing valuable feedback for programs in which areas of wellness need to be bolstered.

Limitations

The research team recognized that there were limitations to this study. To start, the sample did not specifically target students enrolled in distance learning programs;

however, the sample included two distance learning participants. This may have contaminated the findings in regards to geographical location as the participants did not necessarily go to a program within the same CACREP region as they resided within. Another limitation is that there was no triangulation of data sources. While the research team attempted to reach a diverse sample through maximum variation, there were several groups of individuals not included in the sample. The original 16 participants invited to interview contained 11 Caucasian students, 2 African American students, 1 Indian student, 1 Asian American student, and 1 Hispanic or Latino student. Attrition of participants took place due to length of time between the survey, initial contact, and interview, leaving 1 Indian and 11 White or European American students to participate in the interviews.

Maximum variation was utilized in the sampling procedure; however, it was dependent on contacts made through faculty representatives. The study relied on the networking of CACREP faculty contacts to recruit participants. The sample through these measures proved sufficient and no other means were utilized in the recruitment of participants.

The demographic questionnaire did not contain a category for individuals to select foreign master's level programs outside of the CACREP regions. This may have discouraged some participants from completing the questionnaire, as they may have believed that they did not fit the criteria of the study. Limitations may have also existed in the interview protocol in the sequencing or content of the questions. The participants may have found the interview questions repetitive in the exploration of both master's level and doctoral level programs. Despite multiple conversations with the research team

and methodologist, some participants may have found the content of the interview questions to be leading.

Member checking was conducted over three rounds (i.e., verbatim transcript, finalized codebook, summary of findings), but no other contact was made with participants outside of email. Conducting a second interview after the member checking rounds may have produced more clarity or helped to clarify information provided by the participants since few of them responded to the member checking email requests. The IS-Wel model (Myers & Sweeney, 2004) has overlap between second- and third-order factors. Therefore, using the existing model as textural themes made analysis difficult. The lead researcher attempted to point out frequent overlap throughout the findings. Hays and Singh (2010) discuss the difficulty of multiple classifications and suggest creating a category describing the overlap, which was not done in the analysis of this study.

Finally, the study relied on the self-report of the individuals during the semi-structured interviews. No observations or focus groups were conducted in this study. Future studies may find varying information by including these strategies. It is the research team's belief that, despite the limitations of this study, the data collected in this study were useful and revealing about the state of wellness and perceptions of wellness promotion among doctoral level counselor trainees.

Future Research Directions

This phenomenological investigation sought to explore doctoral level counseling trainees' lived wellness experiences as well as their perceptions of wellness promotion within their counselor education programs. Future research may consider exploring the location of counselor education programs and the impact the geographical region may

have on counselor trainee wellness. A comparative study utilizing the 5F-Wel (Myers & Sweeney, 2005a) and REI (Reese, 2013) could be used to compare student wellness levels in programs located in highly populated urban environments with those of students enrolled in more rural environments with more access to nature. This same structure could also be used to explore the impact environment has for counselor educator wellness.

Another consideration for future research could include faculty perceptions of wellness and wellness promotion within counselor education programs. A phenomenological investigation of faculty may be useful in seeing how faculty members' and counselor trainees' perceptions differ in terms of wellness promotion and the strategies utilized by individual professors and the overall program. This hypothetical study could also provide missing information on the difficulty of wellness and wellness promotion for faculty members and programs. A comparative study could also be utilized to explore wellness levels of pretenured and tenured faculty members. Utilizing the 5F-Wel (Myers & Sweeney, 2005a), a study could investigate if there is a significant difference in these two populations in total wellness. It may also provide information on what areas of wellness need improvement for pretenured and tenured faculty members respectively.

This study leaves room for further exploration of wellness perspectives of minority counselor trainees as minorities were underrepresented in this study. The information gained from such a study could prove very useful in terms of cultural identity and family backgrounds in relation to wellness. A study of foreign-born counselor trainees could also be enlightening on the impact of culture on wellness perceptions and

self-care strategies, as counselor trainees that were not raised in the United States may have vastly different ideas about how wellness can be achieved.

This study only sampled students currently enrolled in CACREP-accredited programs, leaving a wealth of information to be explored regarding non-CACREP programs. There could be significant differences in promotion and perceptions of wellness in non-accredited counselor education programs that needs to be investigated. A similar phenomenology could be utilized to explore these perceptions among both counselor trainees and counselor educators at such programs.

This study contained two of twelve participants enrolled in distance learning programs. Future studies may consider further exploring the impact of distance learning counselor preparation on student wellness. A phenomenological design similar to this study could compare experiences of distance learning students to the participants in this study. A comparative study utilizing the 5F-Wel (Myers & Sweeney, 2005a) could look at quantitative data between distance learning and traditional students.

Lastly, further research is needed for integration of wellness promotion in counselor education curriculum. Roach and Young (2007) reported no significance for students enrolled in programs offering wellness specific courses and students enrolled in programs that do not; however, it is not indicated whether the students that participated in their study actually partook in the wellness courses or not. Wolf et al. (2014) showed that more exposure to wellness theory increased levels of wellness for students, showing that there is some disagreement in this area that needs to be further explored.

CHAPTER VI

MANUSCRIPT

A Phenomenological Investigation of Wellness and

Wellness Promotion within Counselor Education Programs

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Abstract

This phenomenological investigation explored doctoral level counselor trainees' ($N = 12$) perceptions of wellness promotion of CACREP accredited programs. Using semi-structured interviews, the research team identified three structural themes (*components of wellness, program culture, recommendations*) and 13 textural themes. Implications and future research directions are discussed.

Keywords: wellness, self-care, counselor education

A Phenomenological Investigation of Wellness and

Wellness Promotion within Counselor Education Programs

Counselors experience common stressors such as caseload size, overall workload, difficult or high-need clients, and lack of personal and professional support (Lawson, 2007); Further, stress is linked to a decrease in wellness, which has a significant association with counselor burnout (Puig et al., 2012). Professional organizations have clearly stated the expectation and promotion of wellness and self-care practices for individuals in various roles within the counseling field. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards (2009) define *wellness* as a "culturally defined state of being in which mind, body, and spirit are integrated in a way that enables a person to live a fulfilled life" (p. 63); it includes learning "self-care strategies appropriate to the counselor role" (p. 9) as a critical understanding within the core curriculum experiences. The American Counseling Association (ACA) *Code of Ethics* (ACA, 2014) mentions self-care pertaining to the counselor role (see Section C: Professional Responsibility, p. 8) and notes that counselor educators have a duty to support wellness related to student diversity (F.11.b.): "Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance" (p. 16).

Despite the call for wellness promotion in counselor education (see ACA, 2014; Borders et al., 2011; CACREP, 2009), research in this area is still limited. Available research is primarily focused on master's level trainees (see Abel, Abel, & Smith, 2012; Lambie, Smith, & Ieva, 2009; Lenz, Sangganjanavanich, Balkin, Oliver, & Smith, 2012; Roach & Young, 2007; Schure, Christopher, & Christopher 2008; Wolf, Thompson,

Thompson, & Smith-Adcock, 2014). Collectively, findings for master's students indicate that counselor trainees reported higher wellness scores on the Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 2005) than the normed population. Furthermore, results included that wellness-focused courses in master's level programs were linked to greater understanding of wellness needs and overall wellness levels, and receiving counseling while in a counselor education program may help to decrease overall problems, depressive symptoms, and anxiety symptoms.

Research studies exclusively regarding doctoral level counselor trainee wellness are limited (see Perepiczka & Baldwin, 2010; Pierce & Herlihy, 2013). Pierce and Herlihy (2013) stated that a sacrifice of some areas of wellness was a common occurrence for participants and that more faculty and collegial support could be beneficial for promoting wellness. Perepiczka and Baldwin (2010) concluded that there were no significant relationships between total wellness and age, year of study, or relationship status for doctoral level counselor trainees.

Qualitative approach is lacking in the research of wellness and self-care. Several scholars recommend qualitative measures for future research (see Lawson, 2007; Lenz et al., 2012; Perepiczka & Baldwin, 2010; Wester et al., 2009; McDonald, 2011). Specifically, authors (i.e., Perepiczka & Baldwin, 2010; Lenz et al., 2012; Wester et al., 2009) conveyed that qualitative research would allow a more in-depth understanding of wellness within their studies, allowing participants to speak to the factors that affect individuals' wellness. A further limitation of previous research is that samples were typically convenience or purposive samples collected from a single university in one geographical location of the United States. No study has explored the collective

experiences of doctoral counselor trainees regarding wellness or their suggestions for promoting wellness in counselor education programs.

The purpose of this study was to explore the lived experiences of doctoral level counselor trainees regarding their conceptualization of wellness and related self-care practices. A second purpose was to understand their perceptions and recommendations for wellness promotion in CACREP-accredited counselor education programs. A phenomenological approach with a social constructivist paradigm was used to explore the following research questions: (1) what are doctoral level counselor trainees' lived wellness experiences within and outside their programs; (2) what do participants identify as strengths and barriers to wellness and wellness promotion in their training programs; and (3) what recommendations, if any, do the individuals describe for wellness promotion within counselor education programs?

Method

Participants and Procedures

Using maximum variation and criterion sampling methods, the lead researcher purposively selected 12 of 59 doctoral students who expressed interest in the study and who met two criteria: (1) current enrollment in a doctoral level CACREP-accredited program; and (2) completion of at least one semester within the program prior to being interviewed. The lead researcher made key contacts with faculty members and administrators at CACREP-accredited doctoral level programs across the United States, asking them to distribute a screening demographic questionnaire. Participants included six females, five males, and a transgender participant; 11 identified as European

American and one as South Asian Indian. Participant ages ranged between 24 and 53 (M= 36.25 , SD= 9.1961), and all five CACREP regions were represented within the sample.

Data Collection Methods

Demographic questionnaire. The main purpose of the demographic questionnaire was to provide participant data to ensure maximum variation in terms of the included items. Items included the following: (a) gender, (b) race/ethnicity, (c) age, (d) sexual orientation, (e) relationship status, (f) number of children, (g) spiritual affiliation, (h) enrollment status, (i) CACREP region of master's program completed, (j) CACREP region of doctoral program enrolled, and (k) number of credits completed in doctoral program.

Individual interviews. Due to geographical considerations, seven participant interviews were conducted using video conferencing (i.e., Adobe®Connect™, FaceTime®), four interviews were face-to-face, and one participant was interviewed via telephone after multiple failed attempts to use video conferencing software. The lead researcher used an interview protocol of approximately 11 questions with probes. Sample questions were as follows: (a) what influence, if at all, did your childhood and upbringing have on your understanding of wellness and self-care?; (b) what is your current understanding, if any, of wellness and self-care?; (c) how would you describe the general attitude towards wellness and self-care in your current program?; and (d) what role, if any, do you believe that counselor education programs should be playing in the personal wellness and/or self-care of their students?

Research Team

The research team consisted of one male and two female doctoral students in counselor education with training and research experience in qualitative research. The research team bracketed personal assumptions held about wellness, self-care, and wellness promotion within doctoral level CACREP programs. Some of these assumptions included a perceived lack of wellness promotion in doctoral level counselor education, limited time and money for self-care practices among doctoral level counselor trainees, and faculty support being a desired element for counselor trainees. The research team was primarily utilized in the data analysis of the transcripts, in which the members engaged in both independent and consensus coding.

Data Analysis

The research team engaged individually in horizontalization for the verbatim transcripts of participant interviews (Hays & Singh, 2012). Once the meaning units were identified, research team members created through consensus coding textural and structural descriptions of the phenomenon. Specifically, the team independently coded the first four transcripts, came to consensus and developed an initial codebook, and independently and consensus coded the remaining eight interviews to create the final codebook to describe the phenomenon.

Strategies of Trustworthiness

To address criteria of trustworthiness (i.e., credibility, coherence, sampling adequacy, ethical validation, and substantive validation), the research team employed strategies of member checking, triangulation, thick description, reflexive journaling during data analysis, and an audit trail. Specifically, the lead researcher utilized member checking over three rounds by sending the participants their verbatim transcripts, the

finalized codebook, and a summary of the findings. Triangulation was used throughout the study using of two methods: (a) triangulation of data sources by including numerous perspectives of counselor trainees at different universities in various geographical locations; and (b) triangulation of investigators by having a diverse research team that analyzed the data. The lead researcher used thick description when writing about participants, interviews, and reflections. The research team utilized reflexive journaling after every interview in order to properly bracket assumptions and biases. Finally, the lead researcher developed an audit trail that included bracketing of assumptions and biases of the research team members, development of the demographic survey, the email to CACREP faculty liaisons, the email sent to demographic questionnaire participants indicating interest in the interview portion of the study, the email invitation to selected participants for the interview portion of the study, the reflexive journal of lead researcher after interviews, reflexive journals of research team members after horizontalization, handwritten notes during consensus coding of the first four transcripts, and development of the codebook.

Results

The research team identified three structural themes (i.e., *components of wellness*, *program culture*, and *recommendations*) and multiple textural descriptions corresponding with the research questions. The number of participants who endorsed a particular structural or textural theme is included below in parentheses after the theme is first mentioned.

Components of Wellness

This structural theme was identified in all participant interviews. *Components of wellness* refers to the use and neglect of behaviors, strategies, and attitudes that both increase and decrease individual wellness. Table 1 outlines each textural description and its definition for this structural theme.

Program Culture

The structural theme of *program culture* (n = 12) relates to behaviors and attitudes of the program and/or faculty members in relation to both general wellness and student development in terms of wellness (see Table 2 for participant quote examples). The textural themes for *program culture* include the following: *degree of promotion* (n = 12), *degree of support* (n = 12), and *treatment of students* (n = 3).

Degree of promotion. The textural theme of *degree of promotion* was used to identify the level at which the participant perceived wellness promotion as either emphasized or neglected creating a continuum of promotion ranging from minimal/neglected to highly emphasized. Subcategories within the *degree of promotion* textural theme included: *communication*, *curriculum*, *modeling*, and *extracurricular opportunities*.

Degree of support. Similar to *degree of promotion*, the textural theme of *degree of support* is seen on a continuum ranging from minimal support to high support. This textural theme is split between a general program level and individual professor level in that some participants spoke about degree of support in an overarching manner including the whole program, while others spoke specifically about individual professors that have impacted their wellness.

Negative treatment of students. The textural theme of *negative treatment of students* was only identified in three participant interviews; however, the powerful pictures painted by the participants surrounding this theme deserve to be presented. *Negative treatment of students* was identified as behaviors by the overall program and/or individual professors that were perceived as damaging and detracted from participant wellness. Two subcategories exist within this textural theme: *inequity* and *tradition.*

Recommendations

The structural theme of *recommendations* (n = 12) was created to contain the suggestions that participants offered to help improve both student wellness and wellness promotion in programs. The structural theme breaks down into three textural themes: *institutional support*, *inclusion in curriculum*, and *individual practices*.

Institutional support. The research team identified the textural theme of *institutional support* (n = 12) as suggestions that participants offered in direct relation to the program and faculty members apart from the classroom. *Institutional support* contains six subcategories: *accountability*, *awareness of student wellness*, *individuality*, *modeling*, and *opportunities*.

The subcategory of *accountability* contains participant suggestions identified as programs and professors making an effort to check in on and encourage student wellness. For example, mentorship in relation to wellness was a common piece of this subcategory as seen in P006's suggestion, "If you're advising a student, umm, and you're their mentor or something like that, you know, you should emphasize it, make—you know, you're kind of keeping a pulse on that student to see how they're doing." In regards to *awareness of student wellness*, P002 suggested, "I wish they'd give us a little more space.

I understand we're on an accelerated program, so we get what we ask for. I wish that the program was a little more sensitive towards the stress, especially coming in."

Respecting student *individuality* in the promotion of wellness was seen as an important piece of *institutional support* for five participants. P006 stated, "...self-care is different for everybody and self-care, you know, it doesn't matter unless it's meaningful to that person, or if it's something that's useful to that person, so it's gotta [sic] be individualized and personalized." P008 reiterated this need for individuality for counselor trainees:

> I don't think it would be appropriate for programs to get too heavy handed in, like, you know, "when was the last time that you exercised? You can't just tell us, you have to prove that you're really taking care of yourself" or whatever, like, we—we have to allow them the freedom to choose.

In regards to *modeling*, P002 stated, "I think that if we learned to take it seriously and take care of ourselves and model it, then we are doing a higher good for our students than maybe teaching theory and psychopathology." P012 also expressed a desire for *modeling*:

> I think kind of being vulnerable, maybe talking about your own, like, uh, wellness plan, you know, maybe not disclosing everything, but just kind of examples where, you know, you're honest with your struggle and that, you know, it's something that you've had to make a pointed effort, so just, like, living by that example, again, like if you're worrying about it then I feel like it will trickle down to your students too, but if you're even more so open about it, it allows that to happen even more.

Finally, the subcategory of *opportunities* included a wide variety of activities that participants would like to see offered as a part of their program, including 5Ks, meditation, yoga classes, and readings about self-care.

Inclusion in curriculum. The textural theme of *inclusion in curriculum* was identified in participant suggestions directly focused on classroom material and activities. P002 spoke about this concept in an overarching manner, as seen in the following suggestion:

> I think that we actually should have things, um, maybe even in the objectives of classes, each class. I think we should have—just like we infuse every class with multiculturalism, we could infuse every class with an understanding of "how does this topic impact our wellness and what do we do to enhance wellness?" Because I think you could bring that into every class.

Other participants had more focused suggestions. P011 mentioned, "maybe somehow showing students how to do that, like how to be sure and add in time to do those things." P011 also suggested, "I do think it should be discussed in a way that it's known that it's important from the faculty to the students, like, cause [sic] if the faculty are just discussing it as a fleeting idea then students aren't going to take it important." P003 suggested a paradigm shift that needs to occur in how counselor education programs perceive wellness. She stated, "I think, in general, that counselor education programs need to be more integrated, um, so I really think that wellness—the idea of counselor wellness, and client wellness, specifically, counselor education should be conceptualizing wellness as a social justice issue, as a client-care issue, as a personal development issue."

Individual practices. The textural theme of *individual practices* revolves around techniques or mindsets that both students and professors can utilize to better their own wellness. The subcategories of this textural theme include *boundaries* and *self-awareness*. P009 illustrated advice regarding *boundaries* he had received, "pick a place somewhere as you're driving home and that's where you drop off work, at that spot, and then in the next morning…you can pick it up and you can think about it." In regards to *self-awareness*, P002 had the following suggestion:

> It's that ethical obligation, it's understanding what stress can do to you, not just physically, but mentally, or, um, unresolved issues, which I think is a big component of wellness. Everybody carries baggage. So, becoming introspective and learning about your baggage and where your triggers are or your buttons, whatever you want to call them, that cause you to act or react to the world and disconnecting those, so that you are responsive instead of reactive.

Discussion

This study was intended to explore the lived experiences of doctoral level counselor trainees regarding their conceptualization of wellness and related self-care practices. A second purpose was to understand their perceptions and recommendations for wellness promotion in CACREP-accredited counselor education programs. All participants endorsed the five components of wellness derived from the IS-Wel (Myers & Sweeney, 2004), with *stress management* and *cultural identity* being the most frequently discussed. *Positive humor* and *gender identity* were the least discussed subtasks. Similar to Wolf et al. (2014), participants that perceived a higher degree of support within their program tended to express more common utilization of self-care practices. Consistent

with Pierce and Herlihy (2013), participants in this study viewed faculty support as generally positive; however, some participants viewed faculty support as conditional or negligent. Lenz et al. (2012) reported that participant levels of wellness increased after 10 weeks of supervision utilizing the Wellness Model of Supervision (WELMS), showing that support from supervisors can help to encourage personal wellness for counselor trainees. Many participants in this study mentioned mentorship and/or "check ins" as an important component and strength to their program culture, which could incorporated into supervision.

Recommendations from participants were consistent with those offered by Lenz and Smith (2010) Foster (2010), Wolf et al. (2012), and Yager and Tovar-Blank (2007). The textural theme of *individual practices* indicated a need for boundaries for both students and faculty members and a need for self-awareness for students. Boundaries for counseling professionals has been recommended in order to protect oneself from getting too involved with work and clients (Skovholt, 2012; Venart, Vassos, & Pitcher-Heft, 2007). Setting boundaries was also a common strategy identified by Shillingford, Trice-Black, and Butler (2013) for female minority faculty members in counselor education. Self-awareness was a recommendation in several conceptual pieces as well for both counseling professionals and counseling trainees (Skovholt, 2012; Venart et al., 2007; Yager & Tovar-Blank, 2007). Lawson (2007) reported that maintaining self-awareness was career sustaining behavior indicated by many counseling professionals. Richards, Campenni, and Muse-Burke (2010) indicated that self-awareness was positively correlated with self-care importance for clinical psychologists and clinical social workers.

Limitations

There were several limitations in this study. First, the sample only targeted students enrolled in CACREP-accredited programs. Counselor trainees enrolled in non-CACREP programs may have very different experiences than the ones that were described in this study. Further, due to attrition of participants because of the length of time between the survey, initial contact, and interview, the sample had limited racial/ethnic diversity. Another limitation is that there was no triangulation of data sources.

Limitations may have also existed in the interview protocol in the sequencing or content of the questions. In addition, member checking was conducted over three rounds (i.e., verbatim transcript, finalized codebook, summary of findings), but no other contact was made with participants outside of email. Finally, the study relied on the self-report of the individual semi-structured interviews. Despite the limitations of this study, the data collected in this study highlighted wellness practices and perceptions of wellness promotion among doctoral level counselor trainees.

Future Directions for Research

In addition to gaps identified in the previous section, there are several additional future directions. Future research may consider exploring the location of counselor education programs and the impact the geographical region may have on counselor trainee wellness. A comparative study utilizing the 5F-Wel (Myers & Sweeney, 2005) could be used to compare student wellness levels in programs located in highly populated urban environments with those of students enrolled in more rural environments with more access to nature. This same structure could also be used to explore the impact environment has for counselor educator wellness.

Another consideration for future research could include faculty perceptions of wellness and wellness promotion within counselor education programs. A phenomenological investigation of faculty may be useful in understanding how faculty members' and counselor trainees' perceptions differ in terms of wellness promotion and the strategies utilized by individual professors and the overall program. A comparative study could also be utilized to explore wellness levels of pretenured and tenured faculty members as well as areas of wellness that need improvement for pretenured and tenured faculty members.

This study leaves room for further exploration of wellness perspectives of minority counselor trainees as minorities were underrepresented in this study. A study of foreign-born counselor trainees could also be enlightening on the impact of culture on wellness perceptions, as counselor trainees that were not raised in the United States may have vastly different ideas about how wellness can be achieved.

Lastly, further research is needed for integration of wellness promotion in counselor education curriculum. Roach and Young (2007) reported no significance for students enrolled in programs offering wellness specific courses and students enrolled in programs that do not; however, it is not indicated whether the students that participated in their study actually partook in the wellness courses or not. Wolf et al. (2014) showed that more exposure to wellness theory increased levels of wellness for students, showing that there is some disagreement in this area that needs to be further explored.

Implications for Counselor Educators and Counselor Education Programs

Promoting wellness is an ethical responsibility and best practice for both counselor educators and counselor trainees (see ACA, 2014; Borders et al., 2011;

CACREP, 2009) and should be considered training in professional development of future counseling practitioners and future counselor educators. This study holds several implications for counselor educators in light of promoting wellness.

First, the findings of this study indicate that it is important for counselor educators to build solid relationships with students, which would allow counselor educators to gain more knowledge of individual students and better understand their personal wellness and self-care needs. This would allow for more organic "check ins" by faculty members with doctoral students. Building relationships with students would allow the faculty member to build rapport with the student and be more supportive when discussing wellness and self-care. This would also serve to honor the individuality of students in recognizing the various and expansive needs of wellness and self-care for differing personalities. Regular and consistent participation in extracurricular activities could help faculty members to connect with students that may be reticent to approach them during regular office hours. This could help facilitate the relationship building as well as allow the students to associate with faculty members apart from the evaluative nature of the classroom.

Counselor education programs should also create opportunities for students to partake in wellness practices. This could be done through or apart from organizations such as Chi Sigma Iota or Counselors for Social Justice. Programs offering activities such as picnics and potlucks could help faculty members connect more in-depth with students outside of the classroom, helping to build relationships where modeling and support can take place. Programs should also encourage students to create their own opportunities. It is important that counselor trainees take control of their own wellness and recognize their own wellness needs. Counselor education programs could provide funding for student-led

activities such as workshops promoting wellness or off-campus activities. Money was indicated as a stressor for multiple participants and providing a free meal for the students could go a long way for many of them. Creating and endorsing opportunities would also encourage students to take a break from the rigors of doctoral studies and enjoy the company of their peers as well as their instructors.

Perhaps the most important implication from the findings is the importance of modeling wellness for doctoral level counselor trainees. Many doctoral level counselor trainees are planning to become future counselor educators and modeling how that is appropriate and effectively done can encourage them in their own future wellness practices. Counselor educators should consider letting students peak behind the veil and be open about wellness practices and wellness goals that counselor educators attempt. Discussing with students the struggle of balancing work and personal life could help students with a more realistic view of what it means to be a counselor educator. Sharing with students about appropriate work boundaries, such as time off from work responsibilities, could be beneficial for students and help them to realize that they don't have to neglect their personal wellness in order to reach personal life goals.

Along with modeling wellness for counselor trainees, counselor educators should be careful how they communicate regarding wellness and self-care. As some participants expressed the marginalization of wellness and self-care in their programs through jokes or lack of emphasis, it is important that counselor educators consider how they represent the importance of wellness for future counseling practitioners and educators.

Programs should consider being more flexible in how their programs are structured, with sensitivity to individual needs and outside responsibilities for counselor

trainees. One way of becoming more flexible would be to consider the multiple courses that students are taking and making an effort to not overcrowd or overlap large and time-consuming assignments in intersecting coursework. This would require that faculty members have open communication about their expectations and syllabi with each other and be flexible in how assignments are structured and when their completion is expected. Being open-minded can help counselor educators and counselor trainees to become more innovative in the completion of course and program expectations.

Programs could also help to facilitate mentor relationships with faculty members by assigning mentors to new students. This may need to be made a requirement for faculty members to meet with the students a certain amount of time over the course of the semester. This would help students connect with professors outside of the classroom as well as support faculty members in fostering relationships with individual students that otherwise may have not connected.

A holistic perspective of wellness should be integrated in the classroom as either a separate wellness specific course or as part of already existing curriculum. Programs should be diligent that the many facets of wellness are being promoted in relation to the field of counseling and counselor education. Many courses already have space for wellness and self-care to organically find promotion, such as ethics, current issues, multiculturalism, etc. Other courses could provide the occasional discussion in relation to the topic. For instance, a research-focused course could examine the 5F-Wel (Myers & Sweeney, 2005) and the subsequent studies along with it. This would encourage further education on wellness and help students to become more aware of the need for wellness in daily practice.

Finally, programs should also consider how they operationalize success in the field of counselor education for both counselor trainees and future counselor educators. The messages that programs give their students in terms of success and how it relates to wellness practices may have a significant impact on what students feel they should be accomplishing during their time in the program. Many participants in this study indicated a high amount of pressure to perform and gain experience for their future career as a counselor educator. By having counselor education programs reflect to the students that personal wellness and self-care is an attributing factor to success, counselor trainees may begin to value wellness and self-care more significantly.

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Table 1-6

Components of Wellness Examples

Textural Codes and Subcodes	**Participant Quotes**	***N***
T: Coping Self		12
*Stress Management	P001: "Schedule things that I really enjoy doing, like go about looking at my schedule and saying, 'what do I really feel like doing' and then putting it in."	12
*Leisure	P009: "I try to give myself a little bit of downtime where I just either catch up on what I've DVR'd [*sic*] for the week because I haven't had time to watch it, or go watch a movie."	6
*Self-Worth	P004: "...just keep trying to choose things that keeps me engaged, or engages other aspects of myself, so that I don't have to be the only thing I am is a slave to my doc program."	6
*Realistic Beliefs	P001: "being realistic about what I can actually get accomplished of those things that are really important."	2
T: Creative Self		12
*Work	P006: "Sometimes self-care is getting the stuff done so I can just relax and be okay with it."	5
*Thinking	P002: "It wasn't until I entered a counseling program and sort of learned what self-care was and what compassion fatigue was...it's my education that's—that's opened my mind to it than anything else."	12
*Emotions	P007: "Therapy has been a really great outlet for me with the stress and strain of balancing work and school and home life."	6
*Control	P004: "My, um, advanced quantitative methods classes...kind of puts me in touch with my—all of my, you know, insecurities about all the math and everything in my life that I've had to deal with."	2
*Positive Humor	P003: "I think that the biggest strength to my wellness is that I can be pretty forgiving of myself, I have a sense of humor about it."	1
T: Essential Self		12
*Cultural Identity	P007: "I grew up with parents who were very social and that's kind of how they got their energy, it was from others, and they—I can see that in myself as well, connecting with people, umm, is a piece of my self-care."	12
*Spirituality	P008: "I've started practicing, like, yoga and finding ways to fill spirituality in different ways that my, umm, religion didn't really give me."	4
*Gender Identity	P004: "I transitioned from female to male, um, and that threw my entire world upside down."	1

Table 1-6 Continued

Textural Codes and Subcodes	**Participant Quotes**	***N***
T: Physical Self		12
*Exercise	P010: "I would love being in the gym, like, I would go sometimes for two hours…and then swimming, like, when you can just—I would just go for a swim by myself, that was like—you can block everyone else out when you're in the water, it's just, it doesn't matter what the world is up to."	11
*Nutrition	P009: "I take my lunch everyday to work instead eating fast food with all my coworkers because that's a better wellness practice for me."	5
*Sleep	P008: "I focus a lot on getting the appropriate amount of sleep, like, that's a constant challenge as a student but, like, I find that the more that I'm aware of, like, little things like sleep hygiene, it betters my life."	5
*Physical Health	P001: "I had started to have, like, back problems, um, lower back problems after I had my second daughter, so, um, and that was really stressful."	5
T: Social Self		12
*Love	P006: "a big, big piece of self-care is, umm, spending time with my daughter and just hanging out with her all day, but at the same time that's also work, so it's not always self-care."	12
*Friendship	P011: "My connections with the people in my cohort, umm, the close connections that I have…So, just having those accountability relationships I think are important."	12
T: EcoWellness		10
*Access to Nature	P007: "Living in [state], umm, we're somewhat limited in our outdoor activities during the fall, winter, and spring, so I would say it may have limited my ability to be active outdoors, umm, and not belonging to a gym at the time, I guess that may have limited how much I wanted to go out and run or be active outside."	10
*Environmental Identity	P011: "I grew up in a really small, rural area, so I think that being in nature is sort of my way of being calm and so the more I'm able to be somewhere where there's, like, trees, and just outside, the more I'm able to kind of be myself around it I guess."	4
T: Holistic Wellness	P007: "I would say, for me self-care is very personal to each individual and it is based on the things that help someone to take care of themselves, so whether that be physically, emotionally, spiritually, umm, kind of, uh, a whole picture view of what it means to each individual to be healthy."	9

Table 2-6

Program Culture Examples

Textural Codes and Subcodes	**Participant Quotes**	***N***
T: Degree of Promotion		12
*Communication	P003: "I mean, self-care's always joked about as being going for drinks, like, that was, like, the joke in the program, like, self-care is basically heavy drinking."	11
*Curriculum	P002: "...teach it as an ethical obligation just like we teach Tarasoff or something else of importance. Uh, I think it's that important and I think we really have dropped the ball in terms of making that obvious and that important to students."	4
*Modeling	P009: "I know two of my professors, unless its snowing, bike to work everyday, and they encourage, you know, students to make sure that we're taking time to get our exercise in and, umm, that we're taking care of ourselves."	4
*Extracurricular Opportunities	P010: "One night after class, we were like, 'let's just all go for karaoke,' and we did it, it was Thursday night, we got done at ten o'clock, but we still went. It was fun, it was good self-care."	4
T: Degree of Support	P001: "All of the faculty made it really clear that they were open to coming to talk to them and they already started talking to us about the dissertation and allay fears people had about it."	12
T: Negative Treatment of Students		3
*Inequity	P006: "Different GTA roles require different hours, umm, like I had a GTA role that required that I was, umm, I always had to be responsive to emails that I got, where, you know, I have colleagues that have been able to take a real winter break."	3
*Tradition	P004: "There's so much there that, um, in the name of tradition, or in the name of, you know, 'this is how it was done for me, so this is all I know,' or, 'this is the way we've always done it,' or something like that, that I just think is unnecessary, um, and just creates more stress than needs to happen, um, and can kind of erode that supportive environment that you try to create."	1

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APPENDIX A

Demographic Questionnaire

Wellness Demographic Survey

* Required

Informed Consent

PROJECT TITLE: A Phenomenological Investigation of Wellness and Wellness Promotion within Counselor Education Programs

INTRODUCTION
The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research, and to record the consent of those who say YES.

RESEARCHERS
Primary Researcher: Brett Gleason, M.Ed., Doctoral Candidate at Old Dominion University
RPI: Dr. Danica Hays, Old Dominion University, Department of Counseling and Human Services
Investigators: Andrea J. Kirk-Jenkins, M.S.Ed., Old Dominion University; Madeline Clark, M.S.Ed., Old Dominion University

DESCRIPTION OF RESEARCH STUDY
The purpose of this study is to explore the lived experiences of doctoral level counselor trainees regarding their conceptualization of wellness and related self-care practices. A second purpose is to understand perceptions and recommendations for wellness promotion in CACREP accredited counselor education programs.
This demographic survey will help determine criterion sampling and maximum variation. If you decide to participate in the demographic survey, you will have the option of being considered for an interview regarding wellness, wellness promotion, and self-care. Participation in the survey does not guarantee participation in an interview. This informed consent form is for the demographic survey. The demographic survey will take 3-5 minutes to complete. The selected interviewees will be provided an additional informed consent regarding their participation.

EXCLUSIONARY CRITERIA
You should have completed your master's level program and completed at least one semester of your doctoral level program. You should be currently enrolled in a CACREP-accredited doctoral level counselor education program.

RISKS AND BENEFITS
Risks: There are no known risks in this study. As with any research, there is some possibility that you may be subject to risks that have not yet been identified.
Benefits: There are no direct benefits for you in participating in this demographic survey

COSTS AND PAYMENTS
The researchers are unable to give you any payment for participating in this demographic survey. If you would like to be considered as a participant for the interview portion of this study, please include your email in the first question of the survey. Interview participants chosen in order to represent maximum variation will be given a $10 Starbucks gift card for their time.

CONFIDENTIALITY
The primary researcher will take steps to keep private information, such as your email address if you decide to provide it, confidential. The primary researcher and RPI will be the only individuals with access to your answers in this survey. Any identifying information, such as email addresses, will be

removed before it is presented to investigators for maximum variation. The results of this study will be presented in a group format and may be used in reports, presentations, and publications.

VOLUNTARY PARTICIPATION AND WITHDRAWAL
Participation in research is entirely voluntary. You have the right to refuse to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time.
If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call Dr. George Maihafer, the current IRB chair, at 757 683 4520, or the Old Dominion University Office of Research, at 757 683 3460.

CONSENT STATEMENT
By selecting 'I agree' below, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them:

You may print a copy of this consent form for your records

CONTACT PERSONS
Brett Gleason, Primary Researcher
bglea003@odu.edu
Old Dominion University

Danica G. Hays
dhays@odu.edu
Old Dominion University

If you choose to continue on to complete the demographic survey, please select 'I agree' *

Google Forms

Wellness Demographic Survey

If you would like to be considered as a participant for an interview regarding wellness, wellness promotion, and self-care, please include your email address below
Participants chosen will be given a $10 Starbucks gift card for their time. If you choose to include your email address, it will only be seen by the primary researcher and RPI. Your email address will not be used for anything other than contact from the primary researcher. Once the participants have been selected and contacted, the email addresses of participants will be deleted from the data

Gender:

- Female
- Male
- Transgender

Race / Ethnicity

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Middle Eastern
- Native American
- White or European American
- Other:

Age:

Sexual Orientation

- Gay or Lesbian
- Heterosexual
- Bisexual
- I choose not to answer
- Other not specified

Relationship Status

- Married or Partnered
- Separated or Divorced
- Single
- Widowed

Number of Children:

Spiritual Affiliation

Buddhism

Christianity

Hinduism

Islam

Judaism

None

Spiritual but not religious

Other:

Number of Semesters Completed in Doctoral Program:

Current Enrollment Status in Doctoral Program:

Full-time Student

Part-time Student

For the next 2 questions, please select the geographical location according to the map above.

Geographical Location of your Master's Level Program

1 - Yellow

2 - Red

3 - Orange

4 - Green

5 - Purple

Geographical Location of your Doctoral Level Program

1 - Yellow

2 - Red

3 - Orange

4 - Green

5 - Purple

If your answers for the 2 above questions are the same, please indicate whether or not your master's and doctoral programs are located at the same university

Yes, I attended the same university for both my master's and doctoral programs

No, my master's program is located at a different university than my doctoral program

Wellness Demographic Survey

Your response has been recorded.

Thank you for taking the time to look at this survey. If you completed the demographic survey and indicated that you would be interested in participating in the interview portion of this study, I will be contacting you shortly.

If you have any questions or concerns regarding this demographic survey, please feel free to contact the primary researcher or RPI.

Brett Gleason, Primary Researcher
bglea003@odu.edu
Old Dominion University

Danica Hays
dhays@odu.edu
Old Dominion University

APPENDIX B

Interview Participant Informed Consent

INFORMED CONSENT DOCUMENT
OLD DOMINION UNIVERSITY

PROJECT TITLE: A Phenomenological Investigation of Wellness and Wellness Promotion within Counselor Education Programs

INTRODUCTION
The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research, and to record the consent of those who say YES.

RESEARCHERS
Primary Researcher: Brett Gleason, M.Ed., Doctoral Candidate at Old Dominion University
RPI: Dr. Danica Hays, Old Dominion University, Department of Counseling and Human Services
Investigators: Andrea J. Kirk-Jenkins, M.S.Ed., Old Dominion University; Madeline Clark, M.S.Ed., Old Dominion University

DESCRIPTION OF RESEARCH STUDY
The purpose of this study is to explore the lived experiences of doctoral level counselor trainees regarding their conceptualization of wellness and related self-care practices. A second purpose is to understand perceptions and recommendations for wellness promotion in CACREP accredited counselor education programs.
If you decide to participate, then you will be joining a phenomenological study exploring the lived experiences of doctoral level counselor trainees regarding wellness, wellness promotion, and self-care practices. The interview is expected to take 45 minutes – 1 hour. Interviews will be conducted by the primary researcher and take place either in-person or via online video conferencing.

EXCLUSIONARY CRITERIA
You should have completed your master's level program and completed at least one semester of your doctoral level program. You should be currently enrolled in a CACREP-accredited doctoral level counselor education program.

RISKS AND BENEFITS
RISKS: There are no known risks in this study. As with any research, there is some possibility that you may be subject to risks that have not yet been identified.
BENEFITS: The main benefit to participating in this survey is that you are aiding in the research of wellness, wellness promotion, and self-care practices. Your participation is valued.

COSTS AND PAYMENTS
As an interview participant selected in order to represent maximum variation, you will be given a $10 Starbucks gift card for your time.

NEW INFORMATION
If the researchers find new information during this study that would reasonably change your decision about participating, then they will give it to you.

CONFIDENTIALITY
The primary researcher will take steps to keep private information confidential. Any identifying information in the transcripts will be removed before it is presented to investigators. The results of this study will be presented in a group format and may be used in reports, presentations, and publications.

WITHDRAWAL PRIVILEGE
It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study -- at any time. Your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled. The researchers reserve the right to withdraw your participation in this study, at any time, if they observe potential problems with your continued participation.

VOLUNTARY CONSENT

Participation in research is entirely voluntary. You have the right to refuse to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip interview questions or stop participating at any time. And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study. The researcher should give you a copy of this form for your records:

Brett Gleason
bglea003@odu.edu
Old Dominion University
Primary Researcher

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call Dr. George Maihafer, the current IRB chair, at 757-683-4520, or the Old Dominion University Office of Research, at 757-683-3460.

COMPENSATION FOR ILLNESS AND INJURY

If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of harm arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in any research project, you may contact Brett Gleason at (806) 543-5554 or Dr. George Maihafer the current IRB chair, at 757-683-4520 at Old Dominion University, who will be glad to review the matter with you.

CONSENT STATEMENT

By signing below, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them.

Subject's Printed Name & Signature	**Date**
Witness' Printed Name & Signature (if Applicable)	**Date**

INVESTIGATOR'S STATEMENT

I certify that I have explained to this subject the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study. I have witnessed the above signature(s) on this consent form.

Investigator's Printed Name & Signature	**Date**

APPENDIX C

Initial Interview Protocol

Interview Protocol

1. How do you conceptualize self-care?
    a. How do you conceptualize wellness?
        i. Visually describe for me your ideal day of self-care and wellness.
2. What influence, if at all, did your childhood and upbringing have on your understanding of wellness and self-care?
    a. How do you think your personal wellness and/or self-care have been affected, if at all, by major life or career changes?
3. What was your understanding, if any, of wellness and self-care before your master's program?
    a. What self-care practices, if any, did you utilize before your master's program?
4. What was your understanding, if any, of wellness and self-care during your master's program?
    a. What self-care practices, if any, did you utilize during your master's program?
        i. How do you believe that the geographical region of your master's program impacted your wellness and/or self-care, if at all?
    b. How would describe the general attitude towards wellness and self-care within your master's program?
        i. In what ways were wellness and self-care promoted, if at all?
5. If you took time between your master's program and doctoral program, what self-care practices, if any, did you utilize?
6. What is your current understanding, if any, of wellness and self-care?

a. What influences, if any, has your life outside of your program had on your personal wellness and/or self-care?
b. What influences, if any, has your current program had on your personal wellness and/or self-care?
c. What self-care practices, if any, do you currently utilize?
    i. How do you believe that the geographical region of your doctoral program impacted your wellness and/or self-care, if at all?
d. How would you describe the general attitude towards wellness and self-care in your current program?
    i. In what ways are wellness and self-care promoted, if at all?

7. What role, if any, do you believe that counselor education programs should be playing in the personal wellness and/or self-care of their students?
    a. What role, if any, do you believe that counselor education programs should be playing in the promotion of wellness and self-care?
        i. In which areas of students' lives, if at all, should counselor education programs promote wellness and self-care?
8. What would you say, if anything, are current strengths to your personal wellness?
    a. What would you say, if anything, are strengths to wellness promotion in your current program?
9. What would you say, if anything, are current barriers to your personal wellness?
    a. What would you say, if anything, are barriers to wellness promotion in your current program?

10. How do you believe, if at all, that counselor education programs could help you in your personal wellness and/or self-care?
    a. What recommendations, if any, do you have for counselor education programs regarding wellness promotion?
11. Is there anything else you would like to add about your experience in regards to wellness and self-care within your current program?

**Additional prompts will be added throughout in order to clarify or gain more information, if necessary.

APPENDIX D

Revised Interview Protocol

Interview Protocol

1. How do you conceptualize self-care?
    a. How do you conceptualize wellness?
        i. Visually describe for me your ideal day of self-care and wellness.
2. What influence, if at all, did your childhood and upbringing have on your understanding of wellness and self-care?
    a. What influence, if at all, do you believe your cultural background has had in terms of your personal wellness?
    b. How do you think your personal wellness and/or self-care have been affected, if at all, by major life or career changes?
3. What was your understanding, if any, of wellness and self-care before your master's program?
    a. What self-care practices, if any, did you utilize before your master's program?
4. What was your understanding, if any, of wellness and self-care during your master's program?
    a. What self-care practices, if any, did you utilize during your master's program?
        i. How do you believe that the geographical region of your master's program impacted your wellness and/or self-care, if at all?
    b. How would describe the general attitude towards wellness and self-care within your master's program?
        i. In what ways were wellness and self-care promoted, if at all?

5. If you took time between your master's program and doctoral program, what self-care practices, if any, did you utilize?
6. What is your current understanding, if any, of wellness and self-care?
    a. What influences, if any, has your life outside of your program had on your personal wellness and/or self-care?
    b. What influences, if any, has your current program had on your personal wellness and/or self-care?
    c. What self-care practices, if any, do you currently utilize?
        i. How do you believe that the geographical region of your doctoral program impacted your wellness and/or self-care, if at all?
    d. How would you describe the general attitude towards wellness and self-care in your current program?
        i. In what ways are wellness and self-care promoted, if at all?
7. What role, if any, do you believe that counselor education programs should be playing in the personal wellness and/or self-care of their students?
    a. What role, if any, do you believe that counselor education programs should be playing in the promotion of wellness and self-care?
        i. In which areas of students' lives, if at all, should counselor education programs promote wellness and self-care?
8. What would you say, if anything, are current strengths to your personal wellness?
    a. What would you say, if anything, are strengths to wellness promotion in your current program?
9. What would you say, if anything, are current barriers to your personal wellness?

   a. What would you say, if anything, are barriers to wellness promotion in your current program?

10. How do you believe, if at all, that counselor education programs could help you in your personal wellness and/or self-care?
    a. What recommendations, if any, do you have for counselor education programs regarding wellness promotion?
11. Is there anything else you would like to add about your experience in regards to wellness and self-care within your current program?

**Additional prompts will be added throughout in order to clarify or gain more information, if necessary.

APPENDIX E

IRB Exempt Approval Letter

OLD DOMINION UNIVERSITY
DARDEN COLLEGE OF EDUCATION
IDEA FUSION

DARDEN COLLEGE OF EDUCATION
Human Subject Committee
Norfolk, Virginia 23529-0156
Phone: (757) 683-6695
Fax: (757) 683-5756

September 11, 2014 Approved Application Number: 201501006

Dr. Danica Hays
Department of Counseling and Human Services

Dear Dr. Hays:

Your Application for Exempt Research with Brett Gleason and Andrea Kirk-Jenkins entitled "A Phenomenological Investigation of Wellness and Wellness Promotion within Counselor Educator Programs" has been found to be EXEMPT under Category 6.2 from IRB review by the Human Subjects Review Committee of the Darden College of Education.

The determination that this study is EXEMPT from IRB review is for an indefinite period of time provided no significant changes are made to your study. If any significant changes occur, notify me or the chair of this committee at that time and provide complete information regarding such changes. In the future, if this research project is funded externally, you must submit an application to the University IRB for approval to continue the study.

Best wishes in completing your study.

Sincerely,

Edwin Gómez, Ph.D., CPRP
Chair, Human Subjects Review, DCOE
Associate Professor and Coordinator of PRTS Program
Human Movement Sciences Department
Darden College of Education
Old Dominion University egomez@odu.edu

VITA

Old Dominion University

Department of Counseling and Human Services

110 Education Building

Norfolk, VA 23529

Brett Kyle Gleason graduated from Texas Tech University with his B.S. in Human Development and Family Studies in May 2007. He received his M.Ed. in Counselor Education in August 2012 from Texas Tech University. Brett will graduate from Old Dominion University in August 2015 with his Ph.D. in Counseling with a focus on Counselor Education.

Brett's research interests include wellness and self-care in counseling and counselor education, issues involving adolescents and children, social media and counseling, foster care, and crisis counseling. Brett is involved with a number of professional organizations and believes that involvement on the local, regional, and national scale is crucial to the advocacy of the counseling profession. These organizations include ACA, ACES, SACES, International Association for Marriage and Family Therapists (IAMFT), Virginia Association of Counselor Education and Supervision (VACES), Virginia Counseling Association (VCA). He has presented at ACES, SACES, VCA, and VACES conferences. He is also currently involved in the Omega Delta chapter of Chi Sigma Iota.