

Innovative Wellness Education for Helpers-in-Training: A Mixed-Method Study

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Given the nature of wellness and well-being practices, counselor training experiences for wellness might be best served through both didactic and experiential involvements. The current study explored impacts on self-care, professional quality of life, and stress reactions in helpers-in-training who completed an eight-week experiential wellness and well-being seminar. Qualitative results reflected introduction and application themes for wellness and well-being experiences. Quantitative results indicated that participants reported improvements to self-care and stress reactions. Findings support the use of innovative experiential training practices to impact self-care, stress reactions, and wellness and well-being outcomes.

Keywords: wellness, well-being, self-care, experiential learning, counselor education

Wellness experiences offer an opportunity to integrate mind, body, and spirit, for prevention and intervention purposes, to enhance one's quality of living (Myers & Sweeney, 2008). Related to wellness, similar concepts exist within parallel tracks of literature. For example, well-being theory suggests that by influencing positive affect, engagement, positive relationships, meaning, and achievement, individuals can begin to

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improve facets of the self that enhance daily living and connection with others (Seligman, 2011). Both wellness and well-being theories support the need for strengths-based and holistic interventions in practice. In order for counselors to provide this quality care to clients, first they must seek to enhance and improve wellness in their own lives (Cummins, Massey, & Jones, 2007).

Helping professionals are in a unique position to help clients, patients, and students alike foster the daily volition to positively affect their overall wellness and well-being. Thus, helping professionals need to have a personal understanding of this betterment journey for themselves. Thomas and Schuldt (2012) advocated for evolution in counselor training by suggesting that "...counselor educators can take deliberate steps to both infuse wellness into the curriculum and enhance wellness within the classroom" (p. 1). When wellness shifts from a mere client intervention to a training component for future helpers, wellness advances from a *peripheral component* of the counseling field to a *core condition* of it.

Historical Wellness and Contemporary Well-Being Theories

Myers and Sweeney (2005) offered the first evidence-based theory-driven model for wellness. The model titled The Indivisible Self model of wellness (IS-Wel), suggests an Adlerian approach for holistically conceptualizing the self and self in context. The five factors which create a foundation to the model include (a) The Essential Self, comprised of spirituality, self-care, gender, identity, and cultural identity; (b) The Creative Self, including thinking, emotions, control, positive humor, and work; (c) The Coping Self, which involves realistic beliefs, stress management, self-worth, and leisure; (d) The Social Self, encompassing friendship and love; and (e) The Physical Self, which includes exercise and nutrition. According to this model, each of these five factors contribute to an individual's overall wellness.

While the terms "wellness" and "well-being" can often be seen used interchangeably in the counseling profession, at the turn of the 21st century, the emergence of a standalone "well-being" model was introduced within positive psychology. The theory-driven model titled authentic happiness theory, later revised and renamed to well-being theory (Seligman, 2011), connotes that five overarching factors contribute to well-being, though no one factor can fully define well-being. According to well-being theory, the individual moves toward "a life worth living" (Seligman, 2011, p. 2) when he or she is fully experiencing and promoting the following five categories: (a) Positive Affect, including positive emotional experiences; (b) Engagement and Flow, involving experiences where a person is utilizing both skill and challenge; (c) Positive Relationships, demonstrating interpersonal support from others; (d) Meaning, including serving something beyond the self; and (e) Achievement, reflecting movement toward a goal. Though factors differ, well-being theory offers a fundamentally similar model for conceptualizing whole-person development.

Wellness in Counselor Training

Within the past decade, wellness in counselor education programs has begun to gain traction (Hartwig Moorhead, Gill, Barrio Minton, & Myers, 2012; Lenz, Sangganjanavanich, Balkin, Oliver, & Smith, 2012; Myers, Mobley, & Booth, 2003; Perepiczka & Balkin, 2010; Roach & Young, 2007; Smith, Robinson, & Young, 2007). The Council for the Accreditation of Counseling and Related Educational Programs [CACREP] has voiced the need for wellness, well-being, and self-care to be representative standards within counselor training and, in the 2016 CACREP standards, core learning standards present rigorous expectations for all counselors-in-training to deepen their understanding of wellness practices and self-care strategies needed within the counseling profession. In addition to wellness in counselor training, there is a need for burnout prevention and impairment. In 2013, the ACA developed the Task Force on Counselor Wellness and Impairment to offer resources and services for counselors to help prevent impairment and to advocate within organizations and political systems about causes of counselor impairment. With increasing caseloads and complex client issues, wellness in counselor training has never necessitated such a stronghold. However, to date, few studies have offered an empirical understanding of the impacts or outcomes of helping professionals in training when wellness is taught directly within curriculum or within auxiliary learning experiences. This echoes Myers, Mobley, and Booth's (2003) advocacy which noted that "...further studies of student wellness, before and after training, and interventions to enhance wellness are needed..." (p. 274).

The Need for Innovation

Several authors have addressed the need for pioneering educational practices to fully capture the essence of wellness and well-being (Roach & Young, 2007; Schure, Christopher, Christopher, 2008; Wolf, Thompson, Thompson, & Smith-Adcock, 2012; Yager & Tovar-Blank, 2007). In 2007, Yager and Tovar-Blank provided suggestions for effective educational wellness experiences, including (a) discussing wellness directly, (b) associating wellness as a component of self-growth, (c) reviewing wellness within the *ACA Code of Ethics*, and (d) creating "innovative" (p. 151) ways to draw students' focus to wellness, among other means. Wolf et al. (2012) further addressed this call for innovation by stating that "because of the uneven application of wellness practices in counselor preparation to date and the lack of evidence that students improve in wellness during their preparation, innovative practices are needed" (p. 166). Shifting from mere didactic instruction to experiential learning could be one method of innovation in education as experiential education invites students to connect in a meaningful way to their learning and to their application of outcomes (McKenzie, 2013). In many ways, experiential education can bridge the gap between knowing and doing, thus creating a greater application and understanding of the course content.

Whether through didactic or experiential means, notably absent in the counseling literature is a blueprint for teaching wellness, and even fewer studies have suggested the

impact from doing so. In 2008, Myers and Sweeney directly noted a concern for lack of evidence-based understandings of wellness training interventions *and* of how counselors grow in wellness and well-being during their training. The authors further stated that, “the literature is replete with ‘good ideas’ that have yet to be tested and confirmed in practice” (p. 491).

Purpose of the Study

Through the use of a mixed-method design, the purpose of the current study was to investigate the impacts of an eight-week experiential wellness and well-being seminar on self-care, professional quality of life, and stress reactions among helpers-in-training. This study addresses the need for experiential and innovative wellness learning experiences with backing from data-driven outcomes. The design of the study was to present innovative curriculum addressing wellness and well-being theories, along with information pertaining to signs and symptoms of burnout, to undergraduate psychology and graduate counseling helpers-in-training in a counseling seminar experience with the goal of (a) qualitatively understanding experiences of wellness and well-being from the seminar experience and (b) quantitatively assessing self-care, professional quality of life, and stress reaction outcomes.

Method

Participants

Sixty-five ($N = 65$) undergraduate psychology and graduate counseling students from a Midwestern university participated in the current study with demographic and other data being collected from 56 participants. Of the participants, 33 (59%) reported undergraduate student status, 22 (39%) reported graduate student status, and 1 did not offer demographic data pertaining to education level. Additionally, 49 students (87.5%) reported being female and 6 (10.7%) reported being male; 1 student did not offer gender status. Lastly, the wellness seminar experience was completed by 16 students (29%) in face-to-face classroom learning format (9 graduate- and 7 undergraduate-level) and by 39 students (70%) in an online learning setting (13 graduate- and 26 undergraduate-level).

Instrumentation

There were three assessments used in this study, each available on the American Counseling Association website (www.counseling.org) and each suggested by the Taskforce on Counselor Wellness and Impairment. The Self-Care Assessment Worksheet (Saakvitne, 1996) assesses physical, psychological, emotional, spiritual, workplace or professional, and balance self-care factors. All 65 items on this assessment are rated on frequency using a 1 to 5 Likert-type scale, with 1 being “never occurred to me” and 5

being “frequently.” Higher scores indicate greater self-care within each item and within the overall six factors.

The Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales – III - R (Stamm, 2002) assesses compassion satisfaction, burnout, and compassion fatigue/secondary trauma in a 30-item questionnaire, with each item being rated on a 0 to 5 Likert-type scale. For each item, 0 indicates “never” and 5 indicates “very often.” Respondents are asked to answer each item regarding professional quality of life within the past 30 days. Example items include “I am preoccupied with more than one person that I help” and “I feel connected to others.” Psychometric support for this instrument has been established with alphas being recognized at .87, .72, and .80 for Compassion Satisfaction, Burnout, and Compassion Fatigue subscales, respectively (Stamm, 2005).

The Stress Reaction Inventory (American Counseling Association Taskforce, n.d.) also assesses compassion fatigue, burnout, and secondary traumatization. This assessment asks participants to consider the cognitive, emotional, behavioral, spiritual, interpersonal, and physical stressors that they have experienced in the past two months by marking an “x” next to the items that they have encountered. A total is calculated within each of the six factors, with higher frequencies indicating greater stress reactions by the individual.

Lastly, participants submitted reflections to a pre- and post-participation form immediately following the two-day training portion of the seminar and the eight-week experiential component of the seminar. The pre-participation form questions included (a) “What area of wellness or well-being will you target, if any;” and (b) “What is your plan, if any, for targeting this area of your wellness or well-being?” Post-participation form questions included (a) “What area of your wellness or well-being did you target, if any?;” (b) “What impacts did you notice, if any?;” (c) “What role will wellness or well-being play in your life following the seminar, if any?;” and (d) “What area of wellness or well-being is still needed in your life, if any?” Answers from these forms were analyzed for the qualitative inquiry of the study.

Procedure

Undergraduate psychology and graduate counseling students were invited to enroll in a one credit hour wellness and well-being seminar taught by the principal investigator to the study. Students were informed that the purpose of the seminar was to facilitate an understanding of (a) wellness and well-being models, (b) wellness and well-being interventions through experiential activities, and (c) signs and symptoms of burnout and compassion fatigue. Students were also informed that along with completing the seminar, they had an opportunity to participate in a study concerning wellness and well-being outcomes from the seminar experience. Potential participants were notified that participation was voluntary and would not affect their grade in the seminar course. Institutional Review Board approval was granted prior to beginning the study.

Wellness and Well-Being Seminar

The Wellness and Well-Being Seminar consisted of 16-hours of course content and activities over a two-day period. For two semesters, the seminar was online and included a narrated lecture by the instructor of record and principal investigator to the study. For the third semester, the seminar was offered in a face-to-face format and included identical learning materials and activities. In each semester, prior to beginning the seminar, students were asked to complete and submit the Self-Care Assessment Worksheet, Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales – III – R, and Stress Reaction Inventory, along with a demographic questionnaire, as quantitative pre-test data for the study.

The seminar content involved Myers and Sweeney's (2005) Indivisible Self model of wellness and Seligman's (2011) well-being theory, as well as research concerning professional burnout, vicarious traumatization, and burnout prevention. Throughout the seminar, experiential activities were facilitated with students being encouraged to reflectively process, either through an online discussion board or journal (online delivery modality) or an in-class group discussion (in person delivery modality). The following section outlines the structure of the experiential components of the seminar across both days for all participants: (a) "Puzzling Wellness" activity; (b) "What Gets in the Way of Wellness" guided imagery; (c) "Fitness versus Fatness" self-catalog experience; (d) "Sensual Awareness Inventory" (Burns, 1998); (e) "Mindful Engagement" activity; (f) "Fostering Forgiveness & Acceptance" experience; (g) "Board of Directors" experience (Jacobs, 1992); and (h) "Work-Life Balance" care list activity (see Shuler & Keller-Dupree, 2015).

Following the two-day seminar, students were then asked to "target an area of their wellness or well-being" for the following eight weeks. Students were informed that they could select any area of wellness or well-being they believed needed attention or improvement. Students submitted the pre-participation form inviting narrative reflections concerning the area of wellness or well-being they would target (if any) and what their specific plan was for targeting that area. Eight weeks later, participants were asked to complete the original three assessments, serving as post-test data, and to then submit the post-participation form reflecting on what area of wellness they targeted (if any), what impacts were noticed (if any), the role that wellness or well-being may have in their life following the seminar (if any), and areas of wellness or well-being needing continued attention.

Research Design

The study involved a mixed-method exploratory research design with the qualitative analysis being completed prior to the quantitative analysis in order to minimize influence of quantitative outcomes on qualitative themes. Phase one of the research analysis began with a grounded theory qualitative design to assess the themes that emerged across participants' experiences of wellness and well-being. Grounded theory is a research

methodology that seeks to uncover and relay trends within a developing theory (Strauss & Corbin, 1998). Grounded theory coding involves first immersing oneself in the data artifacts by repeated readings of participants' lived experiences. Next, researchers capture the essence and nature of the experience through an evolution of broad codes (open coding) to aggregated codes reflecting similarities (axial coding) to final emergent codes that reflect the overall participant experience (selective codes). From this rigorous coding procedure, the final codes seek to neither dilute the quality of the experiences nor create false salience in overall findings, thus allowing a theory to be derived from the data.

The principal investigator led the data analysis process through use of a research team with three undergraduate psychology students who were neither participants to the seminar nor to the study. Each research member was given a copy of the research artifacts (pre-participation and post-participation narratives from participants) and was taught about the open coding process (Strauss & Corbin, 1998). To impact trustworthiness and creditability of findings, all research team members used an individual research journal for reflective commentary throughout the coding process to help record and bracket potential biases that become evident throughout the coding process.

Following completion of each research team member's open coding process, the team met over consecutive weeks to debrief about open codes, identify axial themes, and identify the emerging codes that reflected the participants' experiences. Next, member checking of final themes was facilitated with a focus group of prior participants to the study. Six prior participants were selected to participate (two per semester) and three participants accepted the offer. Focus groups are a common method for conducting member checks in qualitative analysis which help confirm the salience and relevance of emergent themes (Creswell & Miller, 2000).

Lastly, a counselor educator not involved at any stage in the study nor in the coding process was asked to serve as an independent auditor to the findings. Reflective commentary, debriefing, focus group member checking, and auditing all served as promotions of trustworthiness in the data collection and analysis process (Creswell & Miller, 2000; Shenton, 2004). After qualitative coding was completed, phase two of the research project commenced with a paired-sample *t* test being conducted to complete a pre- and post-test analysis of the quantitative measures. The following section offers findings from both analyses.

Results

Phase One

The guiding question for the qualitative data analysis inquired: "What are the experiences of helpers-in-training from participation and completion of a wellness and well-being seminar?" From open, to axial, to selective codes, what first emerged in the data were two categorical frameworks that reflected how participants "Introduced" and "Applied" their wellness and well-being experiences. The first framework titled "Introduction

Experiences” included selective codes of (a) past, present, and future life experiences and (b) self- and other-relationships. These codes reflected *how* participants introduced themselves to the overall wellness and well-being experience. Next, the second framework titled “Application Experiences” included selective codes of (c) activated awareness, (d) awakened appreciation, and (e) invested action. These codes represented *what* outcomes participants noticed through their applied wellness and well-being experiences. The two categorical frameworks and five emergent themes are explained in the sections below.

Categorical Framework 1: Introduction Experiences

The first categorical framework was the presence of *how* participants introduced themselves to wellness and well-being practices. Discussions of past, present, and future life experiences offered context into successful or unsuccessful wellness and well-being practices to date as well as momentum for current or future changes. Furthermore, individuals offered discussions of self- and other-relationships throughout their narratives which created a systemic understanding of relational impacts to their wellness and well-being practices. Given the emergence of these two themes, the selective codes of “Past, Present, and Future Life Experiences” and “Self- and Other-Relationships” were identified to detail the way in which participants introduced themselves to the wellness and well-being experience.

Theme 1: Past, Present, and Future Life Experiences. Throughout the pre- and post-reflection narratives, participants reflected on prominent life experiences that offered a timeline to their evolving wellness and well-being journey. One participant discussed a historical influence by sharing that “My mom cooked things from boxes and cans so that is how I cook. I want to take the time to prepare my own meals so I know for sure what I am actually feeding myself and my kids.” Another participant shared that “Starting last summer, I gave up fast food and started eating much healthier. Before last summer, I was diagnosed with severe endometriosis and ... I was told that if I ever wanted to have children, my best option was to remain as healthy as possible.” Many participants explored current wellness related to former patterns, including one participant who voiced that “I used to go to the gym every day after work before grad school and loved that routine.” Other participants discussed the trajectory of wellness by stating that “I think this is going to be an ongoing process for my life.” Another shared that “My plans are to sit myself down and have the heart to heart with my 10 year old self, or maybe my own child in the future.” Fully capturing the chronological influence of wellness, one participants voiced that “Every once in a while I have to remember that my past circumstances (that even may affect my present at times) will not stop me from what I want to attain in life. I get to semi-control my story now and I am partially the creator behind it.” Participants noted past influences on present functioning and how both chronological influences contribute to the lifespan perspective. The discussion within the data provided a relevant context as to how participants

were introducing and orienting themselves to the wellness and well-being experience.

Theme 2: Self- and Other-Relationships. Another theme that emerged was the role of relationship as part of the wellness and well-being journey. Participants spoke of partners, children, colleagues, peers, the self, as well as various other systems around them when reflecting on their personal experiences of wellness and well-being, both before the eight-week targeted intervention and immediately following it. One participant stated that “I have also found that family, as much as I do love them, can be toxic and at times I just have to step away to break the cycles that have imprisoned me emotionally and psychologically.” Another noted, “I can honestly say that my child has been my most superior motivation in improving myself.” One participant acknowledged that “I really do invest a lot of my time into making sure others are really ok and it can take a toll on me. I come home and worry about people I see during the day and if they are ok at the moment.” Another noted that “...I fail to interact with people unless it’s on a professional, academic, or familial basis. So Number 1. Reconnect with myself, and [Number] 2. Reconnection with those around me.” It became apparent that participants saw themselves within larger social frameworks and when commenting on their personal wellness and well-being, it was articulated within the framework of broader relationships.

Categorical Framework 2: Application Experiences

A second categorical framework addressed the ways in which participants applied their wellness and well-being practice. This framework illustrates the measures taken as well as the outcomes experienced by participants when targeting their wellness and well-being through a self-directed intervention. Participants spoke to the engagement of their wellness and well-being experience through the additional themes of (a) Activated Awareness; (b) Awakened Appreciation; and (c) Invested Action.

Theme 3: Activated Awareness. Participants reported activated awareness as gained knowledge, understanding, and awareness through participation in the wellness and well-being seminar. The research team colloquially titled this theme “Head” to reflect the cognitive space that was activated through learning. One participant shared that “I am trying to be more aware of my attitude when I get irritated. I am still struggling but at least I am aware” and another noted that “I think my awareness about myself has increased...I am learning so much about what I am.” One participant voiced that “after learning about [wellness] and seeing the need for it, I cannot ignore the need and benefit of it.” Others asserted that “I’m going to educate myself as much as possible and while I’m learning, I will also put that knowledge to good use” and “I feel like wellness will play a much bigger role in my life now that I am more aware of how I was before I took this seminar.” From the participant reflections, it became clear that a new and activated awareness occurred through this training and wellness application experience.

Theme 4: Awakened Appreciation. Participants reported an awakened appreciation as the increased appreciation for self, others, and the greater world around them. The research team referred to this theme as “Heart” to reflect the affective and dispositional shift that occurred by participants in the study. One participant noted that “I got very down on myself before remembering to give myself grace and keep moving forward at any pace I can. I have also been taking time to really let my senses work and take in the things that bring me enjoyment. Hearing, smelling, seeing, and tasting my coffee make me so happy.” One participant voiced the need for self-appreciation by noting that “This course helped me to be more kind to myself...I was not cruel to myself as much as I am.” Another noted that “I notice that it is my deepest heartfelt intention to have a new level of understanding about the power of forgiving myself and what that holds for me in my future.” Some participants voiced a more global appreciation, for example by stating that “The change I have made is to be grateful for what I have...I am very thankful I have a roof over my head and running water” while another relayed that “I am more aware of everything in my life. I do stop to smell the flowers. I sit in the sun and listen to the birds. I listen to my girls talk to each other on Skype and hear them laugh with a deeper appreciation.” One simply stated “I will speak gratefulness. I believe in doing this small thing, it will help me grow as a person.” Experiences such as vulnerability with others, forgiveness to the self, gratitude for simple pleasures, and other related statements illustrated the depth of awakening to appreciation as reported by participants.

Theme 5: Invested Action. Participants reported invested action as the specific and timely behavioral changes made to promote wellness and well-being. The research team colloquially regarded this theme as “Hands and Feet” to connote the behavioral action and volition that participants pursued. Many participants offered specific details for how they chose to target their wellness and well-being. For example, one participant shared that “I decided that I would implement a very specific amount of exercise and healthier eating...” Another shared that “I set a physical goal to walk my dog daily and walk 10,000 steps at least five times per week.” Participants shared stories of behavioral change beyond exercise and nutrition, for example, with one participant sharing that “I also chose to remove my presence from Facebook for 30 days” while another stated that “the gratitude journal and motivational daily reading help me focus on the positive which changes my perspective and how I react to people and situations.” Within this final emergent theme, it became apparent that participants understood that wellness was not just a mindset but rather a series of behavioral choices that required sacrifice, a shift to a daily routine, or an overhaul to a previous habit.

Phase Two

Phase two of the analysis, then, led to quantitative understandings of self-care, professional quality of life, and stress reaction outcomes of participations before and after the

wellness and well-being experiences. Results from the paired-sample *t* test indicated that following the seminar, participants reported a statistically significant improvement on self-reported self-care outcomes, $t(55) = -3.96, p < .001$ and a statistically significant reduction of self-reported stress reactions, $t(55) = -2.95, p = .005$. Participants did not show a statistically significant improvement to professional quality of life, $t(55) = -.601, p = .550$.

Follow-up tests were conducted to evaluate pairwise differences using a Bonferroni correction for the six self-care factors for the Self-Care Assessment Worksheet. The Bonferroni correction was used to prevent an inflated significance in the alpha level for the pairwise comparisons. Results showed a statistically significant pre- and post-test difference between psychological self-care [$t(55) = -3.61, p = .001$] spiritual self-care, [$t(55) = -3.55, p = .001$] and balance self-care [$t(55) = -3.36, p = .001$], though statistically significant differences between pre- and post-test outcomes were not found for physical, emotional, and workplace or professional self-care factors.

Next, a follow-up pairwise analysis was completed for the subscales in the Stress Reaction Inventory. When conducting a Bonferroni correction between the six stress reaction factors, results indicated a statistically significant difference for emotional stress reactions [$t(55) = 3.31, p = .002$] and behavioral stress reactions [$t(55) = 2.75, p = .008$], with non-statistically significant differences to the cognitive, spiritual, interpersonal, and physical stressor reaction factors. Results from these post hoc analyses offer a descriptive understanding of the self-care and stress reaction components most impacted through the seminar and targeted intervention. Mean scores for all assessments, both pre- and post-seminar, are offered in Table 1.

TABLE 1

Mean Scores for Assessment

| Factor | Pretest | | Posttest | |
|----------------------------|----------|-----------|----------|-----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| Self-Care Inventory | | | | |
| Physical | 3.74 | 0.37 | 3.84 | 0.49 |
| Psychological | 3.57 | 0.44 | 3.79 | 0.51 * |
| Emotional | 3.73 | 0.53 | 3.89 | 0.48 |
| Spiritual | 3.74 | 0.58 | 3.96 | 0.51 * |
| Workplace | 3.54 | 0.75 | 3.75 | 0.56 |
| Balance | 3.73 | 0.89 | 4.09 | 0.69 * |
| Average Score | 3.68 | 0.42 | 3.89 | 0.41 ** |
| Total Score | 238.77 | 25.64 | 250.96 | 25.22 ** |

ProQoL-III

| | | | | |
|-------------------------|-------|-------|-------|-------|
| Compassion Satisfaction | 40.93 | 5.54 | 41.16 | 5.9 |
| Burnout | 21.3 | 6.7 | 23.16 | 7.06 |
| Compassion Fatigue | 13.89 | 6.94 | 12.7 | 7.15 |
| Total Score | 76.13 | 12.94 | 77.02 | 14.65 |

Stress Reaction Inventory

| | | | | |
|---------------|-------|-------|-------|---------|
| Cognitive | 4.48 | 3.34 | 3.59 | 3.5 |
| Emotional | 5.71 | 4.33 | 4.29 | 3.99* |
| Behavioral | 3.66 | 2.55 | 2.91 | 2.78* |
| Spiritual | 1.46 | 1.84 | 1.07 | 1.64 |
| Interpersonal | 1.73 | 1.59 | 1.36 | 1.9 |
| Physical | 3.27 | 3.03 | 3.38 | 3.37 |
| Total Score | 20.32 | 14.03 | 16.59 | 15.18** |

Note: * indicates that result is significant at $p < .008$ following Bonferonni correction (.05/6)

** indicates that the result is significant at $p < .01$.

Discussion

Through the use of a mixed-method exploratory design, the purpose of the study was to investigate the impacts of an eight-week experiential wellness and well-being seminar on self-care, professional quality of life, and stress reactions among helpers-in-training. From the pre- and post-participation data, results from the grounded theory qualitative analysis led to the emergence of Introduction and Application Experiences which convey two categorical frameworks and five emergent themes for understanding experiences from the wellness and well-being seminar. The Introduction Experiences support the need for conversations about past, present, and future life experiences as well as relationships with self and others to provide a context for *how* one conceptualizes their personal wellness and well-being. This finding supports Myers and Sweeney's (2005) original suggestion that wellness is both a relational and lifespan experience. In addition, the Application Experiences conveyed how participants activated awareness (knowledge, understanding, etc.), awakened appreciation (of self, others, and the world around), and invested action (timely behavioral change) in their wellness and well-being experiences. Through each of these emergent themes, the participants shared what personal application processes they sought and experienced through the targeted intervention.

Quantitatively, helpers-in-training demonstrated improvements to self-care and stress reactions following the wellness and well-being seminar. Trends noted in the qualitative exploration were supported in the quantitative assessment, including statistically significant improvements to psychological and spiritual self-care (as noted in the Awakened Appreciation theme) and the significant reductions to behavioral and emotional stress reactions (as noted in the Awakened Appreciation and Invested Action

themes). This mixed method analysis allows for an interrelated understanding of both thematic experiences and assessable outcomes.

Implications to Counselor Preparation and Training

Given the potentiality for burnout, compassion fatigue, and other related impairments that impact professional helpers' work and effectiveness, and consequently, the clients whom they serve, findings from this study offer support for innovative teaching practices to bolster self-care, stress reactions, and wellness outcomes. Counselor educators may feel challenged to include an additional course into existing degree plans, though results from this study suggest that abbreviated learning experiences may be a worthwhile alternative. Educators are encouraged to consider intercession, seminar, and other brief learning experiences—both in person and online—as ways to infuse the concept of wellness and self-care into existing training programs. In any teaching modality, support from this study suggests engaging the whole body (the colloquial themes of “head, heart, hands and feet”) along with lifespan and relational conversations to promote the breadth and depth of a wellness experience. Additionally, counselor education programs may offer an opportunity for students to develop their professional development which includes wellness and self-care strategies. Counselor educator can help students develop goals and plans to achieve their professional well-being.

Limitations to the Study

One limitation to the current study is the relatively small sample size when using quantitative methodologies. While 56 participants completed the pre- and post-test data, and 11 offered completed follow-up data six months following the original study, longitudinal outcomes were not assessed due to a limited sample size. To demonstrate robustness of outcomes and greater generalizability to findings, replication of the study with a larger sample would be necessary.

Relatedly, while the participant group for this study garnered a sizable sample within the qualitative methodology, the participants were all members of the same psychology and counseling program at one Midwestern institution. Accordingly, results can be generalized but with caution given the homogeneity of the participant group.

Given the individualized process and meaning making that occurs with experiential learning, it would be valuable to assess if the changes to self-care and stress reactions were due to the experiential component of the original two day seminar or the eight week invitation to target a specific wellness and well-being outcome. One opportunity to assess these outcomes could be completed by re-implementing the original three outcome measures immediately following the two day seminar and again (Time 3) following the eight week targeted intervention. This reconstruction of the original research design could offer rich data about the point of impact for improvements to impairment outcomes. While this understanding is listed as a limitation to the current study, it is also presented as a potential direction for further research.

Direction for Further Research

One direction for further research is to more fully clarify the potential benefits of experiential education in helper training by comparing students who complete a wellness and well-being seminar taught entirely in a didactic format versus those who complete the seminar with the addition of experiential learning opportunities. This research design may help to delineate differences in learning experienced that lead to improved outcomes pertaining to impairment prevention. Furthermore, a better understanding of the impact of online versus face-to-face learning opportunities for wellness and well-being education could be offered by comparing outcomes of participants who complete the seminar through both modalities. While this analysis could be preliminarily offered in this current study, uneven and small sample sizes would nullify the value of these findings. Accordingly, a future study to measure these learning modalities could be beneficial.

Another direction for further research was identified when qualitatively assessing themes from participants. Language trends became notable, with many participants using the word “find”, “make”, or “take” (or some derivation of these three words) to describe their Application Experiences of wellness and well-being (for example, “I have to find time to meditate” or “even when life is busy, I have to take time for exercising.”). The researchers to the study seek to further explore how language use and verbiage may possibly be related to wellness and well-being experiences and outcomes in a future study.

Conclusions

Wellness and well-being are valuable topics not only for counseling interventions but also for counselor training. With rigorous standards, a revised counseling definition, and emerging theories within these disciplines, it is an exciting time to offer creative, innovative, and differentiated learning experiences to teach wellness and well-being to future helping professionals. Moreover, as burnout, compassion fatigue, stress reactions, and other indicators of impairment often plague the profession, it is not only *essential*, but it is *ethical*, to begin the dialogue and training experiences for prevention early and often. With the addition of experiential training opportunities, students have the opportunity to not only cognitively relate to their learning, but also experience wellness and well-being benefits within their mind and body. In doing so, we may begin to see burnout prevention becoming an ongoing training, supervisory, and professional practice experience, thus affording benefits not only to professional helpers, but also to the clients in which they serve.

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