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Article 42

How Well Are Students of Wellness?

Luellen Ramey and Todd Leibert

Ramey, Luellen, Associate Professor in the Department of Counseling at Oakland University. She is coordinator of the Wellness Counseling Specialization and directs the School of Education and Human Services Counseling Center and the Adult Career Counseling Center.

Leibert, Todd W., Assistant Professor in the Department of Counseling at Oakland University. His primary scholarly interest is in outcome assessment in counseling.

Counseling and counselor education have had their historical roots in a developmental, life span, facilitative philosophy to human growth and intervention since the early part of the 20th century (Jones, 1934; Myers & Sweeney, 2005b; Sweeney, 2001). In the last decade, these foundational roots have led to an increasing emphasis within the profession on the importance of cultivating and maintaining wellness (Myers & Sweeney, 2008). We present a brief overview of wellness, report on the wellness of a sample of students enrolled in a master’s level Counseling for Wellness course, and compare the results of this sample to the wellness in a normed sample of a wider population. Implications for the counseling profession are discussed.

Holism and the Wheel of Wellness

Freud’s contemporary, Alfred Adler (1927; 1954), took exception to Freudian theory, which portrayed human beings as parts (id, ego, superego) at odds with each other. Alternatively, Adler saw humans as mind, body and spirit — indivisible, inseparable, creative, unique, and purposeful. Within this holistic conceptualization of humans, each aspect of self interacts with and affects all other aspects of self (Myers & Sweeney, 2005b).

The Wheel of Wellness (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) grew out of the research of Adler (1954), who defined three essential life tasks — work, friendship, and love, and the later research that proposed two additional tasks — self and spirit (Mosak, 1995; Mosak & Dreikurs, 1967). The Wheel of Wellness model (Witmer, Sweeney & Myers, 1998) expands on and refines how life tasks relate to and influence each other. The model, depicted as a wheel (see Figure 1), locates different life tasks postulated to have varying levels of influence on total wellness. Spirituality is conceptualized as the center of the wheel, viewed as the essential characteristic of healthy people. Radiating out from spirituality like spokes on a wheel are 12 subtasks of self-direction (renamed from self-regulation in the earlier model). These 12 subtasks consist
of problem solving and creativity, emotional awareness and coping, sense of worth, sense of control, realistic beliefs, sense of humor, nutrition, exercise, self-care, stress management, gender identity, cultural identity, work, friendship, and love. In the outer edge of the wheel are three general life tasks, love, friendship, and work and leisure, conceptualized to result from the degree to which the 12 self-direction subtasks are met (Myers & Sweeney, 2005b).

![The Wheel of Wellness](image)

**Figure 1**

The Wheel of Wellness


Myers, Sweeney and Witmer (2000) define wellness from a counseling perspective as:

a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving. (p. 252)

**Importance of Wellness for Counseling Students**

The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) 2009 standards for counselor preparation specify requirements for the promotion of personal development of counseling students. Three of eight “core curricular experiences and demonstrated knowledge” (p. 10) include knowledge of wellness. For example, under the core area of *Social and Cultural Diversity*, students are to learn “counselors’ roles in developing cultural self-awareness, promoting cultural
social justice, advocacy and conflict resolution, and other culturally supported behaviors that promote optimal wellness and growth of the human spirit, mind, or body” (p. 11). Students are encouraged to attend to their own personal growth and development as well as understand how their personal values and characteristics affect their professional relationships. Counselor educators are encouraged to use these criteria in assessing potential applicants for counselor education program admission and then to continue to monitor the personal development of counseling students and to review their personal growth while in counselor education programs.

The importance of self awareness and the self-care of counselors in training is discussed in introductory textbooks (Corey & Corey, 2007; Gladding, 1988; Kottler & Shephard, 2008; Neukrug, 2007), texts on ethical issues (Corey, Corey, & Callanan, 2007; Welfel, 2010), and texts used in practicum and internship courses (Favier, Eisengart & Colonna, 2004; Sweitzer & King, 2004). The imperative is for both counselors in training and professional counselors to strive to become whole, balanced people, self-aware and adept at caring for themselves in order to provide the best service to clients and to prevent burnout as professionals (Weiss, 2004).

Myers, Sweeney and Witmer developed the Wellness Evaluation of Lifestyle (WEL Form, 1996) as a formal instrument to assess wellness. The measure is based on the Wheel of Wellness model (Witmer et al., 1998), which assesses each domain of the wellness wheel model. Although a large number of empirical studies have used the Wheel of Wellness model, few have examined the wellness of counseling students (Myers & Sweeney, 2008).

One study compared the wellness of counseling students to the wellness of adults in the general population (Myers, Mobley, & Booth, 2003). Using the WEL instrument, 208 first year master’s and 41 doctoral students in counseling were compared to the WEL norm group comprising over 3,000 adults. Doctoral counseling students showed higher levels of total wellness than both the master’s level counseling students and the norm group. Surprisingly, however, master’s of counseling students had nearly equivalent total wellness levels compared to the general norm group. A recent dissertation study examined change in wellness levels in counseling students across three points in time. Although no relation was found between length of time in the counseling program and level of wellness, there was a relation between wellness and whether a counseling program offered a course in wellness. When counseling programs offered a wellness course, students reported higher levels of wellness than did students from programs that did not offer a course in wellness (Roach, 2005).

Lawson and Myers (2011) sampled 506 professional counselors who were members of the American Counseling Association on three measures: professional quality of life, career sustaining behaviors and wellness. They found that counselors with high wellness scores engaged in more career-sustaining behaviors and reported higher positive professional quality of life factors. The difference in professional quality of life between counselors with high and low wellness levels was quite strong, suggesting that greater wellness translates to dramatically improved professional quality of life. The results supported increasing holistic wellness as a strategy for helping counselors retain high compassion satisfaction and avoid compassion fatigue and burnout.

Roach and Young (2007) hypothesized that levels of wellness in counselor education students would increase as a function of time in the program. Using a cross-
sectional design, they compared wellness levels of 204 students at the beginning, middle, or end of their programs. Although results did not reveal significant differences in student wellness levels across the three time periods, there was a modest advantage (i.e., small-to-medium effect size) in wellness scores for students who had completed a Wellness class compared to students who had not taken a Wellness class. This finding suggests that a taking a class on Wellness may positively impact student wellness levels.

Along these lines, the purpose of the present study was to examine whether students taking Counseling for Wellness would show higher levels of overall wellness compared to the general adult population norms. There were two reasons why we believed that students electing to take a master’s course, Counseling for Wellness, would show higher wellness levels vis-à-vis the general population, even though such was not found by Myers et al. (2003). First, students in master’s counseling programs that provided a wellness course demonstrated higher wellness levels than students in master’s programs that did not provide a wellness course (Myers & Sweeney, 2008). Second, we assumed that the majority of students taking a course in wellness either valued wellness or sought to improve their sense of overall wellness. Consequently, we hypothesized that student wellness scores would exceed those found in the general population. Given the counselor preparation goal of facilitating the personal development of students, we believed the present study would provide further evidence about potential benefits of providing wellness courses in counseling programs.

Method

Participants and Procedure

Students in Counseling for Wellness, a 4-credit course in the master’s program at a Midwestern university, were invited to participate in this study. Twenty-seven students elected to participate in the research. Twenty-one of the students were counseling students and 6 of the 27 students were Health Sciences students who were taking the course as part of an interdisciplinary Complementary Medicine and Wellness Specialization in Health Sciences and Wellness Counseling Specialization 12-credit program in the Counseling Department. The study was approved by university IRB and students were assured that their class grade would not be affected by participation. The WEL-S was administered at the end of a class period so that those few who chose not to participate could leave. In total, 27 students elected to participate in the research. The majority of the sample was female (81.5%), employed (88.8%), living with at least one other person (77.8%), and had attained either a Bachelor’s degree (77.8%) or a Master’s or Specialist’s degree (22.2%). Participants’ self-described ethnicity was Caucasian (88.9%), Asian/Pacific Islander (3.7%), African American (3.7%), or Latino/Latina (3.7%). Participants indicated their relational status as either married/partnered (50%), single (38.5%), or divorced (11.5%).

Measurements

Wellness Evaluation of Lifestyle Form S (WEL-S). The WEL-S (Myers, Sweeney, & Witmer, 2004) self-report assesses personalized meanings of 17 wellness dimensions presented in the wellness model. Participants respond to a 5-point Likert-type scale ranging from strongly disagree (1) to strongly agree (5). A total score comprised of
the 17 scales is computed by adding up 103 items, producing a score range from 103 to 515. For ease of interpretation, the total score is divided by the total points possible (515) to yield a percentage value. A percentage of 100% indicates a high level of wellness; scores exceeding 80% indicate moderate wellness; and scores below 80% indicate areas for further wellness development (Myers et al., 2004). The WEL-S demonstrates concurrent validity with established instruments that measure coping resources, self-actualizing, locus of control, self-care, and spirituality (Myers et al., 2004). Myers et al. (2004) also reported that the Total Wellness score on the WEL-S had a test-retest reliability of .77 and a moderately high level of internal reliability (α = .84).

### Results

Descriptively, the wellness class sample (N = 27) had a Total Wellness percent of 78.07. More than half of the scales (9 of 17) exceeded the 80% criterion indicating moderately well for the wellness class sample compared to the normed sample in which just four of the 17 scales were above 80. Next, we compared the Total Wellness percent for the master’s Wellness class to the Total Wellness percent for the normed sample (N = 1082; J. E. Myers, personal communication, May 20, 2010). To account for the large difference in sample sizes, we performed 2-sample t tests for unequal sample sizes. We set our alpha level at .05 for 2-tailed tests. Additionally, effect sizes were computed using Cohen’s d. According to Cohen’s classification of effect sizes, .20, .50, and .80 are small, medium, and large effect sizes, respectively (Cohen, 1988). Results showed that mean Total Wellness percentage score for the master’s wellness class sample (M = 78.07, SD = 6.47) was significantly higher than the Total Wellness percent for the normed sample (M = 73.44, SD = 6.98), t(1,107) = 3.41, p < .001, d = .67, indicating a medium to large sized effect.

### Discussion and Implications

Results supported the hypothesis that master’s students taking a wellness in counseling course would have higher overall levels of wellness than reported by adults in the general population (Myers et al., 2004). Indeed, wellness students exceeded the 80% criterion, indicating moderate wellness, in more than twice as many wellness domains than did adults in the normative sample (Myers et al., 2004). Where previous research had found a link between presence of a wellness course and their students’ wellness generally (Roach, as cited in Myers & Sweeny, 2008), the present study found a link between active involvement in a wellness course and student wellness specifically. The more direct link between the provision of a wellness course and student wellness provides further evidence for the proposition that wellness can be promoted through counseling programs.

The underlying philosophy of counselor preparation rests on a foundation of wellness for counselors in training and for counseling professionals. When comparing the wellness of students in a master’s level counseling for wellness course with that of a general adult sample, it is encouraging to see higher scores among the counseling students. To encourage greater adoption of wellness lifestyle principles among counseling students, formally assessing wellness is one approach that could be used to
increase awareness of personal wellness and promote positive change in the lifestyles of students. The latest adult version of the WEL, the Five Factor Wellness Inventory for adults (5F-Wel-A; Myers & Sweeney, 2005a), could be administered to students early in the master’s program, such as in an introduction to counseling course.

Use of the 5F-Wel-A could be optimally used with counseling students and interventions to enhance wellness could be implemented during the master’s program. For example, the student could choose a lower scoring task area and implement a behavior change plan to enhance that area of wellness. The change plan would be an individualized plan and could be anything from a specific plan to increase nutrition, an exercise plan, a personal diary to enhance their emotional awareness, or a plan to implement 10 minutes a day of mindfulness meditation for stress reduction. A second formal assessment could be re-administered during the final internship as a further emphasis of the importance of a counselor’s wellness lifestyle. Not only would counselors be making the kinds of changes that they would be facilitating with clients, they would likely learn about the effort of breaking old habits and implementing new healthier habits. As counselors help themselves, they learn more about helping others.

The present study also had limitations. The convenience sample was a small, homogeneous group of largely Caucasian female students. For example, it is possible that the higher wellness scores proceeded from a sample with higher socioeconomic levels than was found in the general population. The survey design of the study also limits conclusions that can be drawn. It is not possible to evaluate how much the course itself impacted student wellness. Cause and effect associations await future research.

Further studies, especially studies with larger samples, are needed to assess the wellness of students in counseling programs and employed professional counselors. Two profitable areas of outcome investigation would advance the field of wellness. One is to evaluate whether higher perceived wellness buffers counselors from burnout. The other is to test the proposition that higher practitioner wellness translates to better clinical outcomes. Although these assertions are held as self-evident, empirical investigation would provide more secure footing for the field. We hope that further examination of optimal growth and well-being of counselors will be pursued in research, clinical work, and the development of counselor education.

References


Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm