Wellness and Self-Care of Counselor Education and Supervision Doctoral Students

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ABSTRACT

WELLNESS AND SELF-CARE OF COUNSELOR EDUCATION AND SUPERVISION DOCTORAL STUDENTS

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Northern Illinois University, 2020
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The purpose of this study is to identify and describe the wellness and self-care experiences of current counselor education and supervision doctoral students in CACREP accredited doctoral programs. Data were collected using the FFWEL-A2 inventory, two additional Likert agreement scales, two drop-down menus, and two open-ended questions. A total of 118 participants completed the survey. Total wellness scores on the FFWEL-A2 were higher than the norming group. Self-care data were grouped by strengths and challenges. Themes within strengths included individual activities, social activities, awareness, and overcoming guilt. Themes within challenges were time, lack of motivation or energy, expectations, perceptions of discrimination, COVID-19, financial constraints, lack of social support, and personal mental health experiences. A Pearson Product-Moment correlation and multiple linear regression were used to analyze the relationship between dependent and independent variables. Implications for counselor educators and CES doctoral students will be discussed.
NORTHERN ILLINOIS UNIVERSITY
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WELLNESS AND SELF-CARE OF COUNSELOR EDUCATION AND SUPERVISION DOCTORAL STUDENTS

BY

ANDREW MICHAEL PLATH

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A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULLFILMENT OF THE REQUIREMENTS FOR THE DEGREE DOCTOR OF PHILOSOPHY

DEPARTMENT OF COUNSELING AND HIGHER EDUCATION

Doctoral Co-Directors
Scott A. Wickman
Dana T. Isawi
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DEDICATIONS

This dissertation is dedicated to my wife, Lindsay, and dog, Lexie, who supported me throughout this process. For Lindsay, it is not easy to be married to a doctoral student, especially one completing a dissertation. Thank you for your support and being my biggest cheerleader working through this behemoth. I also want to dedicate this dissertation to my fellow doctoral peers. We shared our triumphs and challenges throughout this crucible of completing our programs, which I will be forever grateful.
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CHAPTER 1: INTRODUCTION

Counselors face a plethora of demands that threaten their clinical efficacy and overall wellness (Bradley, Whisenhunt, Adamson, & Kress, 2013). According to the American Counseling Association (ACA, 2014) code of ethics, counselors “monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired” (p. 9). Additionally, self-care activities are fundamental to maintaining counselor emotional, physical, mental, and spiritual wellness (ACA, 2014; Merriman, 2015; Stebnicki, 2007). Self-care contributes to counselor professional engagement and responsibility (ACA, 2014). Healthy counselor practice means utilizing self-care to avoid impairment (Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005).

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the ACA included self-care as part of their standards and ethics (ACA, 2014; CACREP, 2016). Learning about self-care is integral to counselor education (Wolf, Thompson, Thompson, & Smith-Adcock, 2014). Wolf, Thompson, Thompson, and Smith-Adcock (2014) suggested that introducing self-care to counselors in training (CITs) is important because CITs may reduce their self-care after graduating and entering the profession. Additionally, Wolf and colleagues (2014) argued that counselors rejecting their own self-care and wellness needs may incorrectly ignore their client’s self-care and wellness. Counselors who do not develop strong
self-care strategies may have difficulty maintaining their professional responsibility. Ignoring self-care can lead to impairment and inadequate care resulting in empathy fatigue (Stebnicki, 2007). An ACA taskforce which polled state licensing boards and found that a majority of counselors (63.5%) knew another counselor who was practicing while impaired (ACA, 2010). ACA (2010) defined impairment as severe negative impact on the counselor’s efficacy which may cause harm to the client. Self-care is a way for counselors to heal themselves; self-care can be utilized as an intervention and a preventative measure (Stebnicki, 2007). However, a significant amount of focus on self-care and wellness in counseling centers around practitioners or counselors in training (CITs). Students completing their doctorate in counselor education and supervision (CES) are in a unique self-care position. These students already completed their master’s, may have postgraduate experience, and at a minimum have practical experience through master’s level practicum and internship. Meaning, CES doctoral students may exist in an academic and professional limbo that can foster dysfunction and wellness challenges. For example, Pierce and Herlihy (2013) reported that CES doctoral students’ greatest sacrifice was their overall wellness. CES students can eventually become faculty and supervisors that continue and build upon counseling’s beliefs and values to new counselors. Yet, self-care and wellness may be a significant struggle during a CES doctoral program. This struggle could impact how CES students practice and introduce self-care.

**Problem Background**

CES doctoral students reported that completing a CES doctoral degree requires sacrifices, with the greatest sacrifice being overall wellness (Pierce & Herlihy, 2013). My interest for this topic derives from my personal experiences and professional interest. My own experience in a
CES doctoral program is dysfunctional, disorganized, and holistically draining. Research about CES doctoral student wellness is limited (Gleason & Hays, 2019). CES doctoral students are a unique group to analyze because doctoral students have varyingly different ages, mentorship, skills, challenges, responsibilities, and experiences within the counseling field. One study on CES doctoral student wellness reported a participant age range from 24 to 53 years old (Gleason & Hays, 2019).

My anecdotal observation is that self-care is discussed as a joke by my CES doctoral peers. The joke, in those instances, often revolves around feigned incredulity about what self-care is or attributing self-care to substance use. This experience may occur more frequently at CES doctoral programs than educators realize. One participant in a study by Gleason and Hays (2019) reported a similar experience that self-care is a running joke and that actual self-care is heavy drinking. Self-care experiences of CES doctoral students and their wellness need further examination.

Meeting all the program and personal demands in a CES doctoral program was described as hazing by one student (Gleason & Hays, 2019). This perception of hazing grew from the belief that CES doctoral students have limited power and therefore must acquiesce to program and faculty demands. Conversely, faculty who checked on doctoral student wellness and self-care without mentioning work were described as beneficial (Gleason & Hays, 2019). How these sacrifices impact future counselor development is unclear. CES doctoral programs may potentially carry these negative perceptions forward to their master’s and doctoral students, creating a negative cycle.
Doctoral Student Experience

According to CACREP (2016), doctoral degrees in CES are designed to “prepare graduates to work as counselor educators, supervisors, researchers, and practitioners in academic and clinical settings” (p. 34). Doctoral students interact with significant demands because of their multiple roles. How exactly CES students practice self-care and wellness seems to be unclear. Perepiczka and Balkin (2010) reported that CES students have higher wellness on the FF-WEL than the general population. This finding aligns with Myers, Mobley, and Booth (2003), who reported that counseling students, both master’s and doctoral students, have higher total wellness than the general population. Additionally, doctoral counseling students experienced higher levels of Total Wellness, Spirituality, and Work. However, unlike master’s students, doctoral counseling students did not experience higher levels of self-care than the general population. Doctoral students experiencing higher levels of Total Wellness but lower levels of self-care (Myers et al., 2003) presents an interesting contrast. Perepiczka and Balkin (2010) tried to add some clarity by analyzing how age, relationship status, and program matriculation predicted total CES student wellness. However, the authors (2010) did not report statistical significance for any predictor variables.

Recently, phenomenological research on CES doctoral student wellness presented more information about wellness within this population (Gleason & Hays, 2019; Pierce & Herlihy, 2013). Although some doctoral students reported positive experiences with wellness, many CES students must sacrifice their wellness, experience poor faculty promotion of wellness, and struggle to balance their myriad roles and responsibilities (Gleason & Hays, 2019; Pierce & Herlihy, 2013). More information is needed about how CES doctoral students experience
wellness. This information may be beneficial for counselor educators because they can implement self-care and wellness into their curriculum.

As previously mentioned, faculty modeling may be an important element of CES doctoral student self-care conceptualization. Myers, Mobley, and Booth (2003) reported that they believed, through anecdotes, that counseling graduate student wellness would be lower than the general population. This belief was not true and counseling graduate student wellness was higher than the general public, with doctoral students experiencing higher wellness than their entry-level (master’s) counterparts. The authors tried to explain this surprising result by reporting that counseling graduate students may experience higher levels of wellness due to concerted efforts by counseling education faculty. However, the authors also acknowledged that counseling students may be adept at pretending like their wellness is higher. Results of wellness measures indicate high levels of doctoral student wellness, but concern about what factors contribute to wellness and the authenticity of wellness scores persist (Myers et al., 2003; Perepiczka & Balkin, 2010). Myers and colleagues (2003) reported that maybe wellness scores might have been higher because faculty were effectively selecting students for their programs and/or introducing wellness in students’ first semesters. However, the authors also suggested that counseling students within this sample might be faking their results for social desirability purposes and be experiencing lower wellness scores than reported. For that reason, combining CES student wellness scores with their narrative experiences may foster a clearer picture of wellness and self-care.

Earning a doctoral degree in CES means learning to be an educator, researcher, supervisor, and leader (CACREP, 2016). Balancing these roles and responsibilities has proved a
significant challenge for CES doctoral students (Pierce & Herlihy, 2013). CES doctoral students also believed that completing their degree meant sacrificing many relationships, the greatest sacrifice being the student’s overall wellness (Pierce & Herlihy, 2013). CES doctoral students sacrificing wellness may be a cruel irony of completing their programs. Wellness is included within ACA’s (2010) definition of counseling, yet CES doctoral students are expected to sacrifice their overall wellness to complete their degrees (Pierce & Herlihy, 2013). Once these doctoral students become faculty members, they may also interpret personal wellness as a joke which created a cycle of wellness marginalization that CES doctoral students notice (Gleason & Hays, 2019).

One area CES doctoral students mentioned as needing improvement is how faculty and CES doctoral students treat wellness (Gleason & Hays, 2019; Pierce & Herlihy, 2013). Gleason and Hays (2019) reported that how faculty modeled wellness was the most salient implication of their study. Specifically, counselor educators can be honest about navigating the requirements of faculty while also being careful not to joke or diminish self-care and wellness. Instead, wellness may be beneficial if presented as integral to CES doctoral student development (Gleason & Hays, 2019). However, more information is needed to understand what role faculty and peer support plays in CES doctoral student wellness. How these students perceive mentorship varies. If CES doctoral students, faculty members, and programs understood how doctoral students experience wellness and what factors contribute to successful wellness, there can be a cultural shift towards practicing what the field preaches.
ACA Ethics and CACREP Standards

Reviewing ACA’s (2014) code of ethics yields the word wellness twice, a small amount for being a fundamental counseling goal. Additionally, wellness in counselors is not mentioned. Instead, ACA focuses on how counselors need to be mindful of impairment (a word mentioned 12 times in the ethics code). How the ACA ethics code presents impairment provides potential insight into a general view of counselor wellness and self-care. That is, counselors adhere to ACA’s (2014) ethics by monitoring themselves for impairment because their impaired state may impact or harm clients.

CACREP, the accrediting body for counseling and related programs, also includes self-care and wellness in its 2016 standards, CACREP recommending that “self-care strategies appropriate to the counselor” (p. 10) be included in Professional Counseling Orientation and Ethics courses, often offered in master’s students’ first semester. Roach and Young (2007) explored whether counselor education programs were effectively promoting wellness in master’s level counseling students. The researchers were curious what impact wellness-related course would have on wellness. When asked whether their program included a wellness course, 52% of students said no while 48% said yes. Students exposed to a wellness program had higher total wellness scores but did not report this result as practically significant because this factor accounted for only 4% of variance (Roach & Young, 2007). More information is needed about how self-care and wellness are discussed within doctoral classes.

Self-Care

For this study, I utilize the following definition of self-care: a method for counselors to heal and attend to their physical, mental, emotional, and spiritual wellness (ACA, 2014;
Merriman, 2015; Stebnicki, 2007). This definition may be beneficial for understanding counselor self-care because it focuses on the beneficent outcome of practicing self-care, specifically wellness and the different elements of wellness therein. In other words, self-care may be one important means for achieving wellness as an outcome.

Counseling is a field that challenges practitioners’ personal and professional functioning (Bradley et al., 2013). Conceptualizing how self-care and wellness interact is vital to this study’s conceptual framework. Self-care can be an intervention or preventative (Stebnicki, 2007). Empathy fatigue and secondary traumatic stress (STS) are two negative consequences that can be mitigated with self-care (Bride & Kintzle, 2011; Stebnicki, 2007). Stebnicki (2007) defined self-care as a way for counselors to heal themselves and avoid impairment. Specifically, the author specified by indicating that self-care can be utilized as an intervention and a preventative measure in minimizing empathy fatigue- a mental, physical, emotional, and occupational exhaustion that inhibits a counselor’s ability to listen and respond empathically. Empathy fatigue is different than other types of fatigue because empathy fatigue is impairment that can occur early in a counselor’s career. Additionally, empathy fatigue is often unnoticed by the individual and/or their network of peers. Stebnicki (2007) reported that empathy fatigue is highly individualized and “has both an acute and cumulative onset of emotional, physical, and spiritual affects which does not follow a linear path” (p. 319). As empathy fatigue is unique (Stebnicki, 2007), personal self-care care strategies may need to be unique as well for overall counselor wellness. CES doctoral students may be practicing counseling, supervision and/or instruction while completing their programs. Therefore, their self-care needs are unique compared to other
counselors. Understanding what elements of their self-care are beneficial or difficult may assist counselor educators in addressing doctoral student needs.

Although psychology and counseling differ in many ways, psychologists can provide additional information about helping professional self-care. Dorociak, Rupert, Bryant, and Zahniser (2017) reported that for psychologists, self-care is best suited as a multidimensional concept because individual need is more important than overall self-care engagement. Counselors and CITs who understand their own wellness needs may better conceptualize what self-care activities are beneficial. Additionally, self-care is not just a short-term concept or only for new mental health professionals (Turner et al., 2005). Turner and colleagues (2005) argued that self-care must be viewed by graduate programs, students, and professionals as a lifelong endeavor.

Counselors are encouraged to focus on their wellness by implementing self-care strategies (Glenn, Leppma, & Thorne, 2015; Meany-Walen, Carnes-Holt, Minton, Purswell, & Pronchenko-Jain, 2013). However, specific strategies that may be helpful are not deeply explored (Bradley et al., 2013). Greater understanding of what CES students are using for self-care may be beneficial in understanding doctoral student wellness. The literature focuses on the negative effects of self-care omission (Merriman, 2015; Stebnicki, 2007). Ignoring self-care can lead to impairment, empathy fatigue, and compassion fatigue (Merriman, 2015; Stebnicki, 2007). The importance of self-care and the information on how counselors can take care of themselves are not proportionate. Significant focus on what happens when self-care is ignored may not be enough for counselors to benefit. Perceived negative outcomes may not be sufficient enough to encourage self-care because the incentive is avoidance, not wellness. When wellness and self-
care collide with the demands of a doctoral program, CES students may struggle with their own wellness.

**Self-Care Methods**

Previous research concerning counselor self-care often focuses on three items: creative arts, supervision, and mindfulness (Bradley et al., 2013; Friedman, 2017; Meany-Walen, Davis-Gage, & Lindo, 2016). Exploring these common self-care methods provide insight into how the counseling field views wellness as a whole. Additionally, these methods provide context for how self-care is modeled to both counselors and, potentially, CES doctoral students.

**Supervision.** Encouraging wellness and self-care may not always originate from the counselors or students themselves. CITs who engaged in group supervision discussions regarding wellness models, burnout prevention, and signs of stress noted an increased awareness and wellness following intervention (Lindo et al., 2015; Meany-Walen, et al., 2016). Once CITs realized they might be experiencing burnout, they implemented a preferred self-care method (Lindo et al., 2015). Supervision provided awareness which allowed the counselors to implement self-care (Lindo et al., 2015). Intentional engagement in wellness education, planning, assessment, and evaluation improved CITs’ well-being in response to internship stressors (Lenz, Sangganjanavanich, Balkin, Oliver, & Smith, 2012). CITs exposed to a wellness seminar demonstrated improvements in self-care and stress management (Keller-Dupree et al., 2017).

Increasing wellness and burnout awareness through supervision and goal setting precedes undertaking self-care (Lenz et al., 2012; Lindo et al., 2015). Being mindful of what wellness and burnout looks like for each individual is beneficial (Keller-Dupree et al., 2017; Lindo et al., 2015). Once counselors and counseling students are aware that they need to increase their own
wellness, a specific self-care method to implement is an important step. Information about how doctoral students experience supervision does not seem as common. However, CES may benefit from knowing their wellness attributes and being able to identify specific self-care methods.

**Creative methods.** Bradley and colleagues (2013) suggested creative methods for self-care, such as scrapbook journaling, a metaphorical plant activity, or writing each incremental change the counselor notices with a specific client. During the plant activity, a counselor views themselves as a plant and writes down what this plant needs to survive. The intended goal is to increase awareness of the counselor's own needs (Bradley et al., 2013). Warren, Morgan, Morris, and Morris (2010) introduced a self-care method called the writing workout. Essentially, students and practitioners use this method, which is designed like a workout, for self-care (Warren et al., 2010). Creativity is a part of counselor self-care, but there are many other methods and elements utilized that need attention as well. Holistically understanding how doctoral students implement self-care in myriad ways may be beneficial. Additionally, prescribing a self-care method that requires significant writing may not be as impactful for doctoral students who are required to write extensively.

**Mindfulness.** Mindfulness is the most frequently studied aspect of counselor self-care (Friedman, 2017). Renshaw and Cook (2017) identified two core components of mindfulness: focusing attention on the here and now and responding to the here and now in a meaningful way. Schure, Christopher, and Christopher (2008) reported that CITs who utilized mindfulness managed negative emotions short-term. The authors attributed this participant response to the fact that CITs may not have time to devote to other self-care activities. Additionally, CITs reported increased purpose, compassion, and empathy (Schure et al., 2008). Mindfulness allows
counselors to engage in self-compassion (Leppma, 2012). Neff (2003b) defines self-compassion as approaching one’s mistakes as part of the human experience, greeting these mistakes with compassion and kindness. Neff (2003a) developed a scale for self-compassion and indicated three main components: self-kindness versus self-judgement, common humanity versus isolation, and mindfulness versus over-identification. These terms are not mutually exclusive, an individual can have a high level of both self-kindness and self-judgement. Self-compassion had a negative correlation with anxiety and depression and mindfulness may be beneficial for students to explore feelings they may otherwise avoid (Neff, 2003a). Mindfulness regarding their own wellness may be beneficial to both master’s and doctoral students in counseling and counselor education and supervision programs, respectively. Understanding doctoral students engage in self-care and wellness may be beneficial for the counseling field. Specifically, awareness of self-care successes and preferences may aid doctoral students and faculty to understand how self-care can be encouraged.

**Conceptual Framework: Indivisible-Self Model of Wellness**

Wellness is a fundamental aspect of counseling and development (Mellin, Hunt, & Nichols, 2011; Myers, 1991,1992). As such, there are several definitions of wellness that help conceptualize this construct. Lindo and colleagues (2015) defined wellness as a mental and physical state that allows an individual to reach their potential. Wellness is considered the predominant paradigm for counseling and development (Myers, 1992). The definition that I utilize in this study about wellness comes from the Myers, Sweeney, and Witmer (2000): “way of life oriented toward optimal health and wellbeing, 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).

For counselors, Wellness is considered a part of professional and ethical behavior (Lindo et al., 2015). Additionally, there is an increasing amount of research examining graduate student wellness (Wolf, Thompson, Thompson, & Smith-Adcock, 2014). Exposure to the Indivisible Self Model of Wellness (IS-WEL; Myers & Sweeney, 2004) encourages students determine self-care goals (Wolf et al., 2014). This study utilizes the IS-WEL as a conceptual framework for wellness.

The IS-WEL is strengths-focused and choice-oriented; focusing on how individuals intentionally engage in wellness behaviors (Myers & Sweeney, 2004). Specifically, Myers and Sweeney utilized Alfred Adler’s holistic view of individuals as a framework. Adler distanced himself from Freud’s view of personality which divided individuals into their id, ego, and superego instead preferring a holistic interpretation (Osborn, 2001). Five factors were quantified and validated as the Social Self, Creative Self, Physical Self, Coping Self, and Essential Self (Myers & Sweeney, 2004). Social Self is composed of friendship and love, which exist on a continuum. Creative Self contains five components: thinking, emotions, control, positive humor, and work. Physical Self is defined as having two components: exercise and nutrition. Coping Self has four components: realistic beliefs, stress management, self-worth, and leisure. Leisure is a fundamental concept of wellness and development. The Essential Self contains four components: spirituality, self-care, gender identity, and cultural identity. Self-care is comprised of proactive actions to live longer and better. Opposite of self-care, carelessness, and avoidance are indications of despair or hopelessness and a lack of meaning in life. Self-care, leisure
activities, and control are important aspects inherent in the five factors of wellness (Myers & Sweeney, 2004). This study utilizes a wellness measure developed through the indivisible self-model called the FFWEL-A2. This model’s overall purpose is to describe wellness holistically (Myers & Sweeney, 2004). Whereas other wellness model identify wellness based on a problem or deficit viewpoint, the IS-WEL is a framework that explores the ways in which individuals choose to be well.

**Purpose Statement**

The purpose of this proposed study is to identify and describe the wellness and self-care experiences of current counselor education and supervision doctoral students in CACREP accredited doctoral programs. Wellness is fundamental to counseling and self-care is an important aspect of wellness (ACA, 2010; Bradley et al., 2013; Mellin, Hunt, & Nichols, 2011; Myers, 1991; Myers, 1992; Warren et al., 2010). However, information about how CES doctoral students experience these constructs needs further study (Perepiczka & Balkin, 2010; Gleason & Hays, 2019). I collected total wellness scores, the dependent variable, for CES doctoral students using the FFWEL-A2. This dependent variable was analyzed using a Pearson correlation with current CES doctoral student years working as a counselor and perceptions of wellness and self-care emphasis within their doctoral programs. This study may also provide information about how certain variables may influence wellness. Perepiczka and Balkin (2010) found no statistical significance between total wellness scores and age, year of study, and relationship status among CES doctoral students. Additionally, Myers and colleagues (2003) found no statistical difference in doctoral total wellness scores and gender or ethnicity. Both studies encouraged future researchers to try and identify other variables that may predict total wellness scores; this study
focuses on personal experiences as independent variables, specifically how CES doctoral students perceive their CES program’s emphasis on wellness and/or self-care and years working as a counselor.

**Research Questions and Procedure**

RQ1: How do current CES doctoral students describe their overall wellness?

RQ2: Is there a relationship between current CES doctoral students’ overall wellness score on the FFWEL-A2 and their number of years working as a counselor, and their perceptions about their CES program’s emphasis on wellness and self-care?

RQ3: To what extent, if any, does number of years working as a counselor, and their CES program emphasis on wellness and self-care predict current CES doctoral students’ total wellness scores on the FFWEL-A2?

RQ4: How do current CES doctoral students describe their personal self-care?

To answer these questions, this study followed survey design structure. Participants completed the FFWEL-A2, two additional Likert scales focusing on perceptions of program, two drop-down menu items about years working as a counselor and exposure to a required CES course on wellness, and two open-ended questions focusing on self-care strengths and challenges. Research question one was answered by participant responses on the FFWEL-A2. Research question two was answered using a Pearson correlation to analyze total wellness scores on the FFWEL-A2 with agreement scores on the two added Likert scale items and the years working as a counselor drop-down menu. Research question three was answered using multiple linear regression to analyze the three independent variables: years working as a counselor and perceived program emphasis on wellness and self-care. Research question four was answered by
responses on the two added open-ended questions. These data, from the open-ended questions, is supplemental to the survey data collected in this study

**Definition of Terms**

*Self-care-* A method for counselors to heal and attend to their physical, mental, emotional, and spiritual wellness (ACA, 2014; Merriman, 2015; Stebnicki, 2007). Can be an intervention or preventative (Stebnicki, 2007).

*Wellness-* “a way of life oriented toward optimal health and wellbeing, 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” (Myers, Sweeney, & Witmer, 2000, p. 252).

*Impairment-* severe negative impact on the counselor’s efficacy which may cause harm to the client (ACA, 2010).

*Indivisible Self Model of Wellness (IS-WEL)*- A wellness model based on Alfred Adler’s Five Factors that highlights how individuals intentionally engage in wellness (Myers & Sweeney, 2004).

*Five Factor Wellness Inventory, Adult Form 2nd Edition (FFWEL-A2; Myers & Sweeney, 2014)*- The 5F-WEL-A is a survey that calculates participant scores for total wellness, five second order factors (i.e. essential self, coping self, physical self, social self, and spiritual self), and 17 discrete scales: thinking, emotions, control, work, positive humor, leisure, stress management, self-worth, realistic beliefs, friendship, love, spirituality, self-care, gender identity, cultural identity, exercise, and nutrition.
**Counselor Education and Supervision Doctoral Degree**- a degree intended to “prepare graduates to work as counselor educators, supervisors, researchers, and practitioners in academic and clinical settings” (CACREP, 2016, p. 34).

**A Note About Current Global Events**

Currently, the world is grappling with novel coronavirus or COVID-19, a pandemic threatening physical, mental, emotional, social wellness, and financial wellness. Health experts and officials are recommending that individuals limit virus spread by avoiding crowds and gatherings through social distancing. Many jobs and universities shifted to working from home. In this context, wellness is an increasing focus as individuals respond to an unprecedented challenge. Participants in this study responded to survey prompts and focus group questions with this pandemic as a backdrop. Potential impacts will be discussed further in Chapter 5.

**Chapter Summary**

Significant counseling research focuses on how counselors and CITs practice self-care and experience wellness. However, there is limited research about how CES doctoral students experience these concepts (Perepiczka & Balkin, 2010). Previous analyses about CES doctoral student wellness provided various results from high wellness scores to diverse perceptions of faculty support and sacrifice (Gleason & Hays, 2019; Myers et al., 2003; Perepiczka & Balkin, 2010; Pierce & Herlihy, 2013). This study utilized the FFWEL-A2 to collect total wellness scores, two Likert agreement scales to assess CES program emphasis on perceived wellness and self-care, two drop down menu items that collect years spent as a counselor and whether students took a wellness-related doctoral course, and two open-ended questions to ascertain which self-care methods are used by current CES doctoral students.
CHAPTER 2: LITERATURE REVIEW

This literature review is divided into five sections. Section one contains information regarding counselor wellness and the indivisible self-model of wellness (IS-WEL). Section two includes previous research and definitions of self-care. Section three includes a discussion of doctoral degree requirements and experiences. Section four discusses self-care and wellness across counselor experience. Section five summarizes and concludes the literature review.

Counselor Wellness and Indivisible Self Model

Wellness is a pivotal part of counseling and development (Mellin, Hunt, & Nichols, 2011; Myers, 1991,1992). As mentioned in chapter one, wellness is:

a way of life oriented toward optimal health and wellbeing, 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. (Myers et al., 2000, p. 252)

Two articles, (Myers et al., 2003; Perepiczka & Balkin, 2010) measured CES doctoral student wellness using wellness instruments, and another phenomenological inquiry (Gleason & Hays, 2019) used IS-WEL second order factors for coding. The following section discusses the indivisible self-model of wellness and more information about CES doctoral student wellness is discussed in section 3.
Measuring Wellness: Indivisible Self Model of Wellness

This proposed study utilizes the FFWEL-A2 an instrument that measures holistic wellness in individuals using the IS-WEL model as a framework. Pierce and Herlihy (2013) reported that CES doctoral students viewed holistic wellness as their greatest sacrifice. Therefore, I decided to measure total wellness with the FFWEL-A2 which is a widely used wellness measure. The IS-WEL serves as the conceptual framework for this study, therefore the following sections describe how the IS-WEL was developed.

Wheel of wellness. Vital to the examination of counselor wellness is the IS-WEL. The IS-WEL is strengths-focused and choice-oriented, focusing on how individuals intentionally engage in wellness behaviors (Myers & Sweeney, 2004). The wheel of wellness provided a framework for the IS-WEL. Witmer and Sweeney (1992) developed the wheel utilizing a holistic approach (Myers, Sweeney, & Witmer, 2000). Witmer and Myers (1992) incorporated elements of psychology, anthropology, education, sociology, and religion by emphasizing five life tasks: spirituality, self-regulation, friendship, work, and love. The five life tasks were combined with life forces: education, family, religion, community, media, government, and business/industry (Witmer & Sweeney, 1992). Researchers purported that business/industry is an important life force and that healthier individuals are more productive, creative, cooperative, competent, committed, and miss fewer workdays (Witmer & Sweeney, 1992). Of interest to this proposed study is the concept of self-regulation, a life task that incorporates characteristics of healthy individuals (Witmer & Sweeney, 1992). These characteristics include sense of worth, sense of control, realistic beliefs, spontaneity and emotional responsiveness, intellectual stimulation, problem solving and creativity, sense of humor, and physical fitness and health habits. Witmer
and Sweeney (1992) defined sense of control as beliefs that "have to do with feelings about mastery and confidence" (p. 142). Sense of control is inherent to individuals that can cope effectively because they perceive life as manageable (Witmer & Sweeney, 1992).

Wheel of wellness updated. The original wheel of wellness did not contain a specific self-care subset (Myers et al., 2000). As Myers and colleagues (2000) pointed out, the wheel did not provide enough emphasis on certain aspects of individual wellness. The life task self-regulation was changed to self-direction and 12 subsets were defined; the other life tasks were not altered. The 12 subsets were: sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and coping, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity. Self-care was added as a subset to self-direction but it is defined as “safety habits that we learn to protect ourselves from injury or death; periodic physical, medical, and dental checkups; and avoiding harmful substances, both those that we might ingest and toxic substances in the environment” (Myers et al., 2000, p.255).

Indivisible-self model of wellness. Myers and Sweeney (2004) incorporated the wheel of wellness and utilized Adler's five factors to create the IS-WEL model. In this model, these five factors were implemented as the Social Self, Creative Self, Physical Self, Coping Self, and Essential Self. Friendship and love are components of the Social Self, which occurs on a continuum. Thinking, emotions, control, positive humor, and work comprise the five components of Creative Self. Control is “a matter of perceived capacity to influence events in one's life” (p. 274). This broader definition of control closely aligns with the conceptual framework of this proposed study. Positive expectations of control influences emotions, behavior, and anticipated outcomes. Physical Self is defined by the authors as having two components: exercise and
nutrition. Coping Self has four components: realistic beliefs, stress management, self-worth, and leisure. Leisure is a fundamental concept of wellness and development. The Essential Self contains four components: spirituality, self-care, gender identity, and cultural identity. Self-care is comprised of proactive actions to live longer and better. Carelessness and avoidance, the opposites of self-care, are indications of despair or hopelessness and a lack of meaning in life. Self-care, leisure activities, and control are important aspects inherent in the five factors of wellness. The IS-WEL provides an evidence-based foundation for achieving wellness. Importantly, this model focuses on choices individuals make and how they intentionality strive to be healthy. This model provides an effective, strengths-based approach to health (Myers & Sweeney, 2004).

Counselor Self-Care: Strategies and Suggestions

This discussion about wellness is incomplete without discussing how CES doctoral students can manage their own self-care. Research about CES doctoral student wellness is limited (Gleason & Hays, 2019; Perepiczka & Balkin, 2010; Pierce & Herlihy, 2013) and discussions about CES doctoral self-care are just as limited. CACREP (2016) and ACA (2014) included self-care as part of their standards and ethics. Further, ACA’s (2014) code of ethics stated that counselors “monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired” (p. 9). Maintaining counselor emotional, physical, mental, and spiritual well-being can be achieved through self-care activities (ACA, 2014; Stebnicki, 2007). ACA (2010) created a task force on impaired counselors. This task force indicated that 63.5 percent of counselors knew another counselor that worked while impaired. Therefore, a significant amount of literature in
this section focuses on practicing counselors or CITs. ACA (2010) defined personal counselor self-care as preserving and maintaining wellness across domains. Ignoring self-care can lead to impairment, empathy fatigue, and compassion fatigue (Merriman, 2015; Stebnicki, 2007). Stebnicki (2007) reported that self-care can be utilized as an intervention and a preventive measure in minimizing empathy fatigue. Empathy fatigue is a mental, physical, emotional, and occupational exhaustion that inhibits a counselor’s ability to listen and respond empathically. Empathy fatigue is different than other types of fatigue because empathy fatigue is impairment that can occur early in a counselor’s career. Additionally, empathy fatigue is often unnoticed by individuals and/or their peer network. Stebnicki reported empathy fatigue is highly individualized and “has both an acute and cumulative onset of emotional, physical, and spiritual affects which does not follow a linear path” (p. 319).

Literature discussing counselor self-care encouraged seeking wellness through self-care strategies (Glenn, Leppma, & Thorne, 2015; Meany-Walen, Carnes-Holt, Minton, Purswell, & Pronchenko-Jain, 2013). However, specific strategies that may be helpful are not deeply explored (Bradley et al., 2013). Those articles that suggested self-care strategies included writing and other creative methods (Bradley et al., 2013; Warren, Morgan, Morris, & Morris, 2010). Bradley and colleagues (2013) suggested scrapbook journaling, a metaphorical plant activity, and/or writing incremental changes that a counselor may notice in their clients. Additionally, Warren and colleagues (2010) suggested that counselors can practice self-care by implementing a writing workout. This workout is like a physical workout that included several different exercise intensities. These self-care strategies can be used at any counselor level (Bradley et al., 2013; Warren et al., 2010). These suggested self-care strategies encourage creativity may help
counselors externalize problems, a benefit like mindfulness and self-compassion (Bradley et al., 2013; Neff, 2003b). However, counselors are not always adept at identifying when they need self-care (Stebnicki, 2007).

**Supervision**

Supervision can be a way to introduce self-care to CITs (Meany-Walen, Davis-Gage, & Whalen, 2016). CITs who engaged in group supervision discussions regarding wellness models, burnout prevention, and signs of stress noted an increased awareness and wellness following intervention (Lindo et al., 2015; Meany-Walen et al., 2016). Additionally, CITs exposed to a wellness supervision seminar demonstrated improvements in self-care and stress management (Keller-Dupree et al., 2017). Wellness is unique, meaning CITs need to be aware of what it looks like for them (Keller-Dupree et al., 2017; Lindo et al., 2015). Intentionally engaging in wellness education, planning, assessment, and evaluation improved CITs’ well-being when dealing with stressors related to internship (Lenz, Sangganjanavanich, Balkin, Oliver, & Smith, 2012). CITs exposed to discussions regarding wellness may be more likely to implement their preferred self-care method (Lindo et al., 2015). Supervision and goal setting can be a precursor to counselor’s increasing wellness and burnout prevention (Lenz et al., 2012; Lindo et al., 2015).

**Mindfulness**

Mindfulness is the most frequently studied aspect of counselor self-care (Friedman, 2017). According to Neff (2003b) “mindfulness is a balanced state of awareness that avoids the extremes of over-identification and disassociation with experience and entails the clear seeing and acceptance of mental and emotional phenomena as it arises” (Neff, 2003b, p. 88). Mindfulness may be beneficial because its practitioners can explore feelings that they might
normally avoid (Neff, 2003a). Two core components of mindfulness, according to Renshaw and Cook (2017), are focusing attention on the here and now and responding to the here and now in a meaningful way. Schure, Christopher, and Christopher (2008) analyzed graduate CITs responses to mindfulness. Participants were able to manage negative emotions in a short-term period after this intervention. CITs may not have time to devote to other self-care activities, so this intervention proved useful. That is, participants believed that their professional lives would benefit from continuing to practice mindfulness in this manner (Schure et al., 2008).

Another important aspect of mindfulness is allowing counselors to engage in self-compassion (Leppma, 2012). Self-compassion is approaching one’s mistakes as part of the human experience (Neff, 2003b). When mistakes arise, individuals can approach those mistakes with compassion and kindness. Self-compassion has the power to alter negative self-affect, such as feeling bad about one’s self or mistakes, to positive self-affect like by applying kindness to one’s self (Neff, 2003a). Mindfulness may even be necessary to allow distance between negative experiences and the individual (Neff, 2003b). Neff distinguished between self-compassion and self-esteem. Self-compassion puts greater emphasis on the individual’s evaluation of themselves as opposed to how others view them (Neff, 2003b).

**CES Doctoral Student Wellness, Self-Care, Challenges, and Faculty Mentorship**

When training to become a counselor, CITs are educated about self-care (Wolf, Thompson, Thompson, & Smith-Adcock, 2014). However, CITs who enter the field may neglect their own self-care as well Counselors do not benefit when they ignore their self-care and wellness because they may struggle to empathize with clients. (Wolf et al., 2014). There is a dearth of research regarding CES doctoral student wellness (Gleason & Hays, 2019; Perepiczka
This section discusses literature surrounding facets of CES doctoral student wellness, experiences with faculty mentorship, degree completion and motherhood, and recommendations for faculty.

**CES Doctoral Student Wellness**

As mentioned previously, an unclear picture of CES doctoral student wellness exists. Students within this population had higher total wellness scores than the general public and master’s students (Myers et al., 2003; Perepiczka & Balkin, 2010). However, despite these insights Perepiczka and Balkin (2010) reported no statistical significance with their chosen variables (total wellness and age, matriculation, and relationship status) and Myers and colleagues (2003) reported a small effect size for their study. Perepiczka and Balkin (2010) suggested that future researchers could continue to explore doctoral student wellness and identify useful predictor variables.

Perepiczka and Balkin (2010) also reported an intriguing third order factor score within CES doctoral students. That is, CES doctoral students scored low on the realistic beliefs scale. The authors suggested that CES doctoral students struggled with this factor because they may hold unrealistic views of success and failure. The authors believed that this competition created negative thinking patterns and unhealthy interactions within and without their programs (Perepiczka & Balkin, 2010). However, one participant in another study specifically mentioned that they wished someone, perhaps a faculty member, would have told them sooner that perfection is not expected or helpful (Pierce & Herlihy, 2013). To combat this mindset, Perepiczka and Balkin (2010) suggested that counselor education faculty could create individual wellness plans with doctoral students.
Faculty Mentorship: Strengths and Challenges

Completing a doctoral degree in CES created significant stress, strained family relationships, meeting significant expectations, and sacrifice (Pierce & Herlihy, 2013; Trepal et al., 2014). According to Pierce and Herlihy (2013), CES doctoral students reported that completing a doctoral degree requires sacrifices in holistic wellness. The authors (2013) reported that participants identified family relationship strain, high stress, fatigue, and disappointing faculty relationships as substantial sacrifices. CES doctoral students may interpret messages about sacrifices from faculty or other institutional sources. For example, Gleason and Hays (2019) reported that one participant frequently heard self-care presented as a joke and akin to heavy alcohol use. The authors (2019) suggested that faculty be mindful about how they discuss self-care in front of doctoral students.

Challenges with faculty support. Faculty support, or lack thereof, was an important theme for counseling doctoral students (Gleason & Hays, 2019; Holm, Prosek, & Godwin Weisberger, 2015; Pierce & Herlihy, 2013; Trepal et al., 2014). Although most students reported positive support, Pierce and Herlihy (2013) reported that some CES doctoral students viewed faculty support as inconsistent or conditional. This conditional support depended on whether it was convenient for faculty members to support their doctoral students’ wellness (2013). Gleason and Hays (2019) reported a similar finding that negative treatment of students was a significant theme. One participant likened their doctoral student experience to hazing because they perceived that faculty viewed them on the bottom of a hierarchy. Faculty do not just communicate this negative concept of wellness through their words and actions, but also neglecting their own self-care (Gleason & Hays, 2019). This finding contrasts with Thompson,
Frick, and Trice-Black (2011) who reported that faculty indirectly promoted self-care by modeling. Modeling self-care was a vital element in these master’s students’ training (Thompson et al., 2011).

Positive interactions with faculty support. Although some students reported negative faculty experiences, others mentioned how positive faculty mentorship was vital to their experiences (Gleason & Hays, 2019; Holm et al., 2015). One participant in Gleason and Hays (2019) discussed how a faculty member took an interest in the student beyond their work and studies. Specifically, this faculty member would check-in with the student about their life outside of school. Through this experience, the student reported positive interactions with faculty and, in turn, positive experiences with their own wellness (Gleason & Hays, 2019). Holm and colleagues (2015) reported that positive mentorship was an important theme. Specifically, faculty that made themselves available and flexible to students were viewed as positive by students. One participant mentioned how important it was that faculty member noticed they were stressed and encouraged them to make healthy choices. Most importantly, participants reported that supportive faculty provided comfort and reassurance during the doctoral process (Holm et al., 2015).

Recommendations for faculty support. Pierce and Herlihy (2013) reported that understanding is the most important recommendation for faculty members in CES programs. Flexibility may be an important element in understanding doctoral students and their needs. Pierce and Herlihy (2013) succinctly outlined their recommendations for faculty to encourage wellness in CES doctoral students:

The doctoral degree in counselor education is formulated to prepare candidates for the professorate and all of the duties it entails, including research, service, and teaching. To
suggest an air of special treatment would be a disservice to the student. However, a balance of support, safety, and challenge will provide a healthy foundation for individual growth in this population. (p. 117)

The authors (2013) are not advocating for reducing expectations but instead balancing their expectations with support in order to embrace each CES doctoral students’ needs. As mentioned previously, faculty can meet with each student individually and develop an individual wellness plan to manage negative and unrealistic beliefs (Perepiczka & Balkin, 2010). This suggestion aligns with a Gleason and Hays (2019) participant who reported that a faculty member checking on them and on their wellness was a positive faculty experience. Further, the authors reported that some CES doctoral students view themselves as too low on the academic hierarchy to complain. Gleason and Hays (2019) identified two subcategories within this context: inequity and tradition.

Myers and colleagues (2003), when surprised that graduate counseling student wellness was higher than the general population, suggested that counselor education programs may promote wellness. Roach and Young (2007) reported that there is no clear evidence that a wellness course is beneficial to master’s counseling students. However, the authors reported that master’s counseling students who were exposed to a wellness course experienced higher wellness levels. However, practical significance was not suggested due to low variance (4%; Roach & Young, 2007). A gap exists in the literature about a wellness course in CES doctoral programs.

**Doctoral Students and Motherhood**

According to CACREP (2018), female-identified doctoral students comprise 75.46% of all CES doctoral students at CACREP accredited schools. Additionally, female-identified
individuals composed 60.43% of faculty at all CACREP accredited programs (including those with no doctoral programs). Female-identified individuals are the majority gender identity within CACREP doctoral students and faculty members (CACREP, 2018). The unique experiences of women who are expectant or current mothers are discussed in the literature (Holm et al., 2015; Pierce & Herlihy, 2013; Trepal et al., 2014). Specifically, how expectant or current mothers navigated wellness in their CES doctoral programs (Holm et al., 2015; Pierce & Herlihy, 2013; Trepal et al., 2014). These studies highlighted how expectant and current mothers experienced faculty and peer messages about their role as doctoral students, and in some cases, as mothers (Holm et al., 2015; Pierce & Herlihy, 2013; Trepal et al., 2014).

One theme that emerged from these studies is how participants balanced their role as a mother and student (Holm et al., 2015; Pierce & Herlihy, 2013; Trepal et al., 2014). Despite the added challenges of being a mother, Holm and colleagues (2015) reported that some participants were immensely dedicated to completing their programs. Balancing student and parental expectations were challenging and even produced some guilt (Trepal et al., 2014), but learning to be flexible and let go of striving for perfection were beneficial (Pierce & Herlihy, 2013).

Another theme that emerged from these studies about motherhood and doctoral programs is how faculty viewed parental roles (Trepal et al., 2014). One challenge identified by the authors (2014) is that faculty with children were typically men. This participant may feel that they do not have a faculty model to model the dual role of faculty and motherhood. When CES doctoral students do interact with faculty members who are mothers, their responses can be mixed. One participant mentioned that a faculty member, who is a mother, told this student that using children as an excuse when requirements pile up can have negative long-term consequences.
However, other expectant mothers received support from faculty members who are mothers. Overall, how faculty present messages about parenting might depend on personal experience (Trepal et al., 2014). Additionally, Pierce and Herlihy (2013) reported that two participants did not feel supported in their dual role as parent and mother by their peers.

**Doctoral Student Peer Support and Competition**

Needing to be the best doctoral student can negatively influence beliefs and cognitions (Perepiczka & Balkin, 2010). Students may feel like they cannot say no to extra responsibilities and may overcommit. Learning to say no to these added stressors may be beneficial, although challenging. Perhaps the added pressure in this derives from counselor educator expectations. According to CACREP’s (2016) standards, doctoral counselor education programs expect students to develop their skills in five areas: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. CES doctoral students are expected to develop their skills in all categories and may feel that they cannot pass up any opportunities.

Doctoral students may be constantly absorbing images of what self-care means. One participant in Gleason and Hays (2019) talked about how self-care was discussed in their program: “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” (p. 184). Negative views of self-care do not always come from spending time with peers but also arose from feeling isolated (Holm et al., 2015). Holm and colleagues (2015) reported that some participants wanted a mother support group and that CES doctoral students who were not involved in support groups felt distanced from peers. There is more information needed to unpack this mindset, but it provides insight into how some students perceive and distribute self-care messages within their
program. Peer support, like faculty support may be inconsistent or depend on personal experiences (Pierce & Herlihy, 2013). The authors reported that most participants felt supported, except for two students who believed that their peers did not support their motherhood and lifestyle (Pierce & Herlihy, 2013). Gleason and Hays (2019) suggested that counselor educators can support doctoral students by funding and encouraging wellness presentations and off-campus clubs. These experiences may build peer support and create time for faculty mentorship (Gleason & Hays, 2019).

**Counselor Wellness, Self-Care, and Clinical Experience**

An independent variable within this study is how length of time spent counseling impacts CES doctoral student wellness. Does being newer in the field as a doctoral student help self-care and wellness or does that come from extensive counseling experience? A previous study by Perepiczka and Balkin (2010) explored program matriculation as a predictor of CES doctoral student wellness. Participants in this study ranged from first to 12th year students. This variable was not statistically significant but the authors (2010) encouraged future researchers to explore other predictor variables that may or may not be statistically significant. Jennings, Sovereign, Bottorff, Mussell, and Vye (2005) conducted interviews around identifying traits of master therapists. Participants had between 21 to 41 years of mental health practice. Self-awareness emerged as an important element, specifically how therapists address their own needs and vulnerabilities. One participant reflected that whenever a colleague went through some challenges, it was because self-care was lacking. This article provided some insight into how experience may impact self-care views, but no participants in this study were counselors (Jennings et al., 2005). McNichols, Witt, and Gatewood (2016) interviewed experienced rural
counselors on their professional development. One theme from this study was valuing self-care. Specifically, how these experienced professionals emphasized self-care, acquired perspective, and sought their own personal counseling. As with one participant in Jennings and colleagues (2005), participants from McNichols and colleagues (2016) reported difficulties neglecting self-care. Importantly, participants noted that learning about balancing work and life while also gaining personal perspective was important to their experience as a counselor (McNichols et al., 2016).

**Exposure to a Required Wellness-Related Course**

Gleason and Hays (2019), encouraged future researchers to provide clarity for how wellness courses impact wellness. Roach and Young (2007) conducted research on wellness within counseling training programs. Participants were asked to respond yes or no if their counseling program has a wellness-related course offering. 52% of respondents said no and 48% said yes. Their results indicated no practical significance for this variable. An issue exists, however, with the wording of this question in predicting wellness. The participants were not asked to respond to whether they took the course but instead indicated whether a wellness course exists in their program. Added clarity is needed whether students who took a wellness course experienced higher levels of wellness. Further, Wolf and colleagues (2014) reported master’s students who experienced more wellness curriculum had increases in their overall wellness. The authors also suggested learning about their own wellness as a fundamental pillar in counselor development. A program simply having a wellness course is not practically significant (Roach & Young, 2007) and does not adequately answer the question as whether a wellness course predicts wellness.
Summary

Previous research regarding self-care encourages counselors to practice or implement self-care (Glenn, Leppma, & Thorne, 2015; Meany-Walen et al., 2013). However, specific methods that are beneficial are not included in much of the research (Bradley et al., 2013). An ACA task force (2010) suggested counselors include five categories into their self-care plan: seeking social support and cognitive, emotional, physical, and spiritual wellness activities. Mindfulness is a widely researched self-care method (Friedman, 2017). Mindfulness helps counselors’ practice self-compassion (Leppma, 2012; Neff, 2003a; 2003b). Counselor wellness is fundamental to counselor development (Mellin, Hunt, & Nichols, 2011; Myers, 1991,1992). The IS-WEL encourages control, self-care, and creativity as important aspects of wellness (Myers & Sweeney, 2004).

Completing a doctoral degree in CES requires great sacrifice, with the holistic wellness being the greatest sacrifice (Pierce & Herlihy, 2013). Some literature on CES doctoral student wellness discussed students who are also mothers during their program (Holm et al., 2015; Pierce & Herlihy, 2013; Trepal et al., 2014). A repeated theme that emerged was balancing student and mother roles (Holm et al., 2015; Pierce & Herlihy, 2013; Trepal et al., 2014). This balance was certainly difficult, and some participants felt guilty about balancing because they believe they were letting down the other party (i.e. their child or program; Trepal et al., 2014). However, learning to not expect perfection was beneficial for mothers completing their CES doctoral programs (Pierce & Herlihy, 2013). This idea that discussing how striving for perfection is not beneficial could be helpful for CES doctoral students and faculty in doctoral programs.
Faculty involvement, both positive and negative, was an important theme within many studies on this topic (Gleason & Hays, 2019; Holm et al., 2015; Pierce & Herlihy, 2013; Trepal et al., 2014). Pierce and Herlihy (2013) reported that faculty support can be perceived as dependent on whether flexibility would be convenient for the faculty member. Additionally, some CES doctoral students perceived that faculty viewed them low on the academic hierarchy, and therefore subject to academic hazing so to speak (Gleason & Hays, 2019). However, not all faculty and student interactions were negative. Faculty members that are flexible or willing to discuss wellness and non-work-related topics were viewed as having a positive influence on doctoral student wellness (Gleason & Hays, 2019; Holm et al., 2015). In this vein, Pierce and Herlihy (2013) recommended that faculty be flexible with their doctoral students. This flexibility does not mean eliminating expectations or challenge. Instead, it means balancing program expectations with student wellness needs (Pierce & Herlihy, 2013). Modeling also was an important part of doctoral student wellness (Gleason & Hays, 2019). If faculty members do not take care of their own self-care and wellness, doctoral students may notice this and neglect their own self-care as a result. The next chapter discusses the survey method approach for this study.
CHAPTER 3: RESEARCH METHODOLOGY

The purpose of this proposed study is to identify and describe the wellness and self-care experiences of current counselor education and supervision doctoral students at Council for the Accreditation of Counseling and Related Educational Programs (CACREP) accredited programs. Specifically, I want to understand the degree of relationship between counselor education and supervision (CES) doctoral students’ total wellness scores on the Five Factor Wellness Inventory, Revised Adult Form (FFWEL-A2) and perceived program emphasis on wellness and perceived program emphasis on self-care.

To achieve this purpose, a survey method approach was utilized. A survey design is useful for answering descriptive questions and exploring relationships between variables (Creswell & Creswell, 2017). Widespread internet availability and use created a new way to collect data through online surveys (Sue & Ritter, 2012). Survey methods allow for quick and efficient data collection from CES doctoral students. This efficiency is particularly useful at this time because of current social distancing practices to combat COVID-19. This study used a cross-sectional survey design method. Cross-sectional survey designs indicate that data are collected at one time (Creswell & Creswell, 2017). This study used the FFWEL-A2, a wellness inventory, to collect data. Additionally, Two Likert agreement scales to CES doctoral student
perceptions of program on wellness and self-care and two open-ended items that collect CES doctoral student self-care strengths and challenges.

This study may also provide strategies for CES doctoral students to practice, and how faculty can encourage wellness. Additionally, counseling graduate students often have high social self-scores (Myers et al., 2003; Perepiczka & Balkin, 2010) so I want to understand what role, if any, social interaction with peers and faculty plays with CES doctoral student wellness. Gleason and Hays (2019) reported that CES doctoral students discussed program-based wellness promotion and how it affected their wellness. The authors stated that this relationship was not measured and therefore not generalizable.

The following research questions were devised:
RQ1: How do current CES doctoral students describe their overall wellness?
RQ2: Is there a relationship between current CES doctoral students’ overall wellness score on the FFWEL-A2 and their number of years working as a counselor, and their perceptions about their CES program’s emphasis on wellness and self-care?
RQ3: To what extent, if any, does number of years working as a counselor, and their CES program emphasis on wellness and self-care predict current CES doctoral students’ total wellness scores on the FFWEL-A2?
RQ4: How do current CES doctoral students describe their personal self-care?

Population, Sampling, Procedure, and Participant Ethical Considerations

According to CACREP (2019), there are 85 accredited CES doctoral programs in the United States as of 2018. Within these 85 programs, there were 479 graduates, and 2,917 enrolled. These numbers indicated growth: as of 2014, there were 63 accredited CES doctoral
programs, 355 graduates, and 2,291 enrolled (CACREP). Demographically, CACREP accredited doctoral programs are primarily female (75.42%) and Caucasian/White (57.61%). Approximately 23.65% identify as African American/Black, 0.84% identify as American Indian/Native Alaskan, 2.88% identify as Asian American, 5.3% identify as Hispanic/Latino, 0.2% identify as Native Hawaiian/Pacific Islander, 1.34% identify as multiracial, 4.21% identify as non-resident alien, and 3.97% identify as other/undisclosed. Additionally, 24.53% identify as male and 0.05% identify as an alternative identity.

Participants were eligible if they were currently completing a CACREP accredited CES program (at any matriculation level). According to CACREP’s website, there are 81 CES accredited doctoral programs spread throughout the United States. Perepiczka and Balkin (2010) sent 194 surveys to their doctoral student population and 173 participants contributed usable data. I purchase 200 hundred surveys at a student discounted rate. Licenses almost ran out twice, so I purchase an additional 100 and 50 licenses.

**Instrumentation**

This study includes one dependent and two independent variables. The independent variables are perceived CES program emphasis on doctoral student wellness and perceived CES program emphasis on doctoral student self-care. These variables are measured using a four-point Likert agreement scale. The dependent variable in this study is total wellness scores measured through the FFWEL-A2. Data about CES doctoral student strengths and challenges were also be collected using open-ended questions as a supplement to survey data.

**The Five-Factor Wellness Adult Form Revised.** The FFWEL-A2 is a 91-item wellness inventory that includes one higher-order wellness factor, five second-order factors, and 17 third-
order factors (Myers & Sweeney, 2004; Myers & Sweeney, 2014). This instrument is based on the indivisible self-model of wellness developed by Myers and Sweeney (2004). The higher-order wellness factor measures total wellness and is used as the dependent variable in this proposed study. The second-order factors include: essential self, creative self, coping self, social self, and physical self. The 17 third-order factors, or discrete scales, are components contained within the second-order factors including: spirituality, self-care, gender identity, and cultural identity (essential self), thinking, emotions, control, positive humor, and work (creative self), realistic beliefs, stress management, self-worth, and leisure (coping self), friendship and love (social self), and exercise and nutrition (physical self; Myers & Sweeney, 2004).

Instructions on the FFWEL-A2 is written at a fifth-grade reading level and items on the adult form are written a ninth-grade reading level (Myers & Sweeney, 2014). A four point Likert scale ranging from strongly agree to strongly disagree is used to answer the items. A description of what each anchor means is provided for participants. “I am satisfied with how I cope with stress” (item 2) and “I often see humor even when doing a serious task” (item 4) are examples of items on the FFWEL-A2, which participants selected their level of agreement. Participants can complete this inventory in 10-20 minutes, but that time may be longer if contextual items are added (Myers & Sweeney, 2014). Once participants complete these items, they respond to seven demographic items: marital status, employment status, current student status, highest level of education completed, advanced degree level, biological gender, and primary cultural background. This inventory was distributed using a web-based link purchased from Mind Garden, a psychological assessment company. Researchers can purchase a license to distribute the FFWEL-A2 and use Mind Garden’s own online survey software or can utilize their own
survey software. For this proposed study, I initially purchased 200 FFWEL-A2 licenses, with customizations (found in Appendix B), and utilize Mind Garden’s survey hosting platform called Transform™. However, when licenses were almost depleted, I made two additional license purchases for 150 data licenses.

**Norms, validity, and reliability.** The norming group for this instrument consisted of 3,343 individuals (Myers & Sweeney, 2014). Participants for this group originated from university classes, professional workshops, and other research projects. The norming population is biased towards young adults when compared to the national population. Additionally, males in this sample are underrepresented and a high proportion of males had masters and doctoral degrees. Further, African Americans are overrepresented in this sample while other ethnic minorities are underrepresented compared to the national population (Myers & Sweeney, 2014).

Reliability for factors on the FFWEL-A (first edition) is provided by the wellness evaluation of lifestyle (WEL), an antecedent of the FFWEL-A2 (Hattie, Myers, and Sweeney, 2004). The authors conducted a maximum-likelihood exploratory factor analysis based on the 103 WEL items and 17 specific factors emerged from this analysis. From these 17 factors, or scales, an exploratory factor analysis yielded five specific factors: creative self, coping self, social self, essential self, and physical self. Alpha coefficients on these second order factors were reported .93 for creative self, .92 for coping self, .94 for social self, .91 for essential self, .90 for physical self, and .94 for total wellness (Hattie et al., 2004). Myers and Sweeney (2004) reported a goodness of fit index, RMSEA, for the FFWEL-A was .042 ($x^2 = 8261, \text{df} = 2533$) which was considered acceptable. After the introduction of the FFWEL-A, internal consistency of factors within the IS-WEL model was conducted using a sample of 2,093 individuals (Myers &
Sweeney, 2014). This analysis yielded an internal consistency of .98 for total wellness, .96 for creative self, .89 for coping self, .96 for social self, .95 for essential self, and .90 for physical self. Myers and Sweeny (2014) also reported in the FFWEL-A2 manual that this instrument has convergent and divergent validity. The authors also provided a consistency check using the FFWEL database. This check yielded correlations of .30 between happiness and total wellness, .30 for health and wellness, and .38 for life satisfaction and wellness. Therefore, an item regarding life satisfaction was added to the instrument.

**CES program emphasis on wellness and self-care.** Previous attempts to identify wellness predictor variables yielded no significant relationships. Perepiczka and Balkin (2010) set out to identify and analyze wellness variables within CES doctoral students through multiple regression. Their chosen variables: total wellness scores (on FF-WEL), age, program matriculation, and relationship status. Previously, Myers and colleagues (2003) analyzed how, among other topics, ethnicity and gender related to CES doctoral student wellness using the wellness evaluation of lifestyle (WEL; Myers, Sweeney, & Witmer, 1996). None of the variables previously presented from sex and ethnicity to age, program matriculation, and relationship were statistically significant for predicting wellness (Myers et al., 2003; Perepiczka & Balkin, 2010). However, an influential finding within Myers and colleagues’ (2003) study was that CES doctoral students had higher levels of total wellness than master's students. However, Perepiczka and Balkin (2010) suggested that future researchers attempt to understand what role program emphasis on wellness has on CES doctoral student wellness.

The independent variables for analysis are *years working as a counselor and CES program emphasis on doctoral student wellness* and *CES program emphasis on doctoral student wellness and CES program emphasis on doctoral student...*
self-care. Roach and Young (2007) reported that there is limited research about the effectiveness of wellness courses in graduate counseling programs. Their results indicated no practical significance for this variable. However, Wolf and colleagues (2014) reported that wellness curriculum can be beneficial for master’s students practicing their own wellness. Gleason and Hays (2019), in their phenomenological study of doctoral student wellness, suggested further research about the effectiveness of wellness courses is needed. Additionally, other studies reported that support, or lack of, for doctoral student wellness occurs inside and outside of the classroom (Gleason & Hays, 2019; Pierce & Herlihy, 2013; Trepal et al., 2014). Several CES doctoral students in these studies had positive experiences with faculty wellness and self-care mentorship, other participants found faculty support to be insufficient (Gleason & Hays, 2019; Pierce & Herlihy, 2013). Those students who did not perceive support from faculty believed that professors provided support only when it suited them and not the students (Pierce & Herlihy, 2013). One participant, from Gleason and Hays (2019) study on doctoral student wellness perceived that being a doctoral student means existing at the bottom of the academic hierarchy. Further, this doctoral student stress and struggles they accrued were part of the CES PhD completion process. That is, some form of academic hazing to complete their CES doctoral program. Gleason and Hays (2019) first recommendation for counselor educators is to build relationships with their doctoral students so that they can encourage self-care and wellness. Support, or lack thereof, does not just exist in a classroom setting but can be a program wide perception. However, the authors (2019) reported that one of their participants built a strong relationship with a faculty member, focusing on wellness and self-care. My motivation for selecting these variables is because of how important faculty support, or lack of support, was in
both Gleason and Hays (2019) and Pierce and Herlihy’s (2013) studies. Specifically, what relationship exists between perceived program emphasis on wellness and self-care and total wellness scores on the FFWEL-A2.

Derived from previous studies, program emphasis on wellness is operationalized as faculty support, curriculum interventions, deadline extensions, wellness mentorship, or any other actions faculty take to support CES doctoral student wellness (Gleason & Hays, 2019; Pierce & Herlihy, 2013; Roach & Young, 2007). The program emphasis on practicing self-care is operationalized in a similar manner to emphasis on wellness, instead with the focus on self-care. Program emphasis can include faculty mentorship, curriculum interventions, university or department workshops, organized student outings, spontaneous student outings, or any directive that pushes self-care. The two prompts for these variables are as follows: My current Counselor Education and Supervision doctoral program emphasizes my wellness and my current Counselor Education and Supervision doctoral program emphasizes that I practice self-care. Participants then responded strongly agree, agree, disagree, strongly disagree. I decided to use these four anchors because they align with the FFWEL-A2 anchors and therefore make completing these additional items more cohesive.

**CES doctoral student's self-care strengths and challenges.** Data for this study was collected using two open-ended items that measure CES doctoral student strengths and challenges with self-care. I wanted to add these items because research about CES doctoral student wellness is limited (Gleason & Hays, 2019) whereas research about CES doctoral student self-care is essentially non-existent. As mentioned in chapter one, self-care is a method for counselors to heal and attend to their physical, mental, emotional, and spiritual wellness (ACA,
2014; Merriman, 2015; Stebnicki, 2007). The FFWEL-A2 includes items that address self-care, but self-care within the IS-WEL model means any efforts someone implements to live long and well (Myers & Sweeney, 2004). This definition is not holistic and does not match my view of self-care, so I need to gather self-care information beyond the FFWEL-A2.

Before the open-ended items the definition of self-care was provided. Then, participants were asked to list and describe their self-care strengths (item 1), then their self-care challenges (item 2). The two added open-ended items were implemented on two levels: a one line text box and a paragraph text box for each item. Participants are asked to list at least two self-care strengths in the one line text box. Then, participants are asked to describe what makes their listed strategies strengths. Next, participants are asked to list at least two self-care challenges, followed by describing why these strategies are challenges. This information is supplemental to the survey data, focusing on self-care strengths and challenges.

**Years spent as a counselor.** As mentioned previously, years spent as a counselor is an independent variable within this proposed study. This variable is defined as any post-master's counseling experience, excluding practicum and internship experiences. This definition was provided for participants before selecting from a drop-down menu. Participants were instructed to select a year from a drop-down menu, picking the nearest year. For example, someone with eight months counseling experience would select one year. Years on this drop down menu ranged from 0-45 years. After data are collected, participant responses were grouped in five year ranges for analysis. That is, 0-5 years, 6-11 years, 12-17 years, 18-23 years, 24-29 years, 30-35 years, and 36-41 years, and 42-45 years.
**Exposure to a required wellness related course.** Gleason and Hays (2019) suggested future researchers clarify the value of wellness courses in promoting wellness. Roach and Young (2007) asked their participants whether they experienced a wellness course and 52% said no, 48% said yes at a master’s level. However, the authors did not report practical significance with this variable. Wolf and colleagues (2014) reported students who experience more wellness theory had increased levels of wellness. A wellness related course is a course that features wellness in the delivery, curriculum, or activities of a doctoral course. Participants selected yes/no whether they experienced a wellness related doctoral course. Participant responses to this question provided an indication as to the implementation of wellness courses within CES doctoral programs.

**Procedure**

Before collecting data, Institutional Review Board (IRB) approval was granted before sending out the survey. Once IRB approval was complete, three email list serves were used to distribute the survey. CESNet, COUNSGRAD, and the CES PhD listserv of a medium size midwestern university. Further, I emailed contact persons at CACREP-accredited doctoral programs and asked them to forward the email to eligible participants. Participants were made aware of the eligibility requirements. That is, currently completing a CACREP-accredited CES doctoral program. A link to the survey was included in the post. This survey included informed consent (found in Appendix C) that outlines study scope, purpose, potential benefits, and any potential harm that could occur through survey completion. Participants were not be punished for not completing the survey and can stop at any time. Responses were collected and stored behind
a password protected account. Descriptive statistics were recorded for this analysis. All scores were recorded and averaged.

**Data Collection and Analysis**

Data are collected from eligible participants once using a web-link provided via email (the email draft can be found in Appendix A). Responses were recorded over a period of four weeks. Participants were screened when completing the informed consent before the FFWEL-A2. That is, by agreeing to the survey, they are affirming that they meet eligibility criteria as a current CES doctoral student.

Once data are collected, all scores recorded and averaged, with descriptive statistics recorded for analysis. The total wellness score consists of second and third order factors in the FFWEL-A2. Therefore, second- and third-order factor results were also discussed, along with descriptive statistics. Research question one was answered by gathering total wellness scores on the FFWEL-A2: How do current CES doctoral students describe their overall wellness? Data gathered from the FFWEL-A2 was analyzed using Pearson correlation and multiple linear regression. For the correlation, total wellness as measured by the FFWEL-A2 is the outcome variable and current CES doctoral students’ years spent as a counselor and perceived program emphasis on wellness and program emphasis on self-care are the variables. A Pearson correlation (i.e. Pearson product-moment correlation) analyzes the degree of relationship between two variables (Gravetter & Wallnau, 2014). The Pearson correlation answered research question two: Is there a relationship between current CES doctoral students’ overall wellness score on the FFWEL-A2 and their number of years working as a counselor, and their perceptions about their CES program’s emphasis on wellness and self-care? Total wellness scores were analyzed via
multiple linear regression with the independent variables: years working as a counselor and perceived program emphasis on wellness and self-care. Multiple linear regression is used by behavioral sciences researchers to ascertain correlations between two or more predictor variables (Uyanik & Güler, 2013). Essentially, the authors reported that researchers using multiple linear regression are curious where a cause and effect relationship exists between predictor and outcome variables. This multiple linear regression addressed research question three: To what extent, if any, does number of years working as a counselor, and their CES program’s emphasis on wellness and self-care predict current CES doctoral student total wellness scores on the FFWEL-A2? Additionally, CES doctoral student self-care strengths and challenges, collected from the open-ended prompts, coded using open and axial coding to identify themes and commonalities. Open coding is breaking down data into categories and axial coding is connecting categories into sub-categories (Corbin & Strauss, 1990). This information was supplemental to survey data and was used to answer research question four: How do current CES doctoral students describe their personal self-care?

**Limitations**

There are limitations contained within this study. One limitation concerned collecting wellness scores through the online survey. As Myers and colleagues (2003) reported, counseling students may experience high wellness, or they may be adept at misrepresenting their *actual* wellness given the focus of counseling programs is often on wellness. There may also be a certain social desirability that occurs in responding to wellness prompts. That is, participants may not want to appear less well to their peers and faculty members. I attempted to minimize this limitation by reminding participants that this study focuses on their perceptions and there are no
right or wrong answers to the online survey prompts. Additionally, their responses were not connected to their personal information them individually since their identity was not be connected to their scores.

Summary

The purpose of this study was to identify and describe the wellness experiences of current counselor education and supervision doctoral students in CACREP accredited doctoral programs. Participants are eligible if they are currently completing a CACREP accredited CES program. Participants who consent to the study, have their responses password protected. Survey data was collected from the FFWEL-A2 which tabulates total wellness from all second and third order factors (Myers & Sweeney, 2014). Two Likert agreement scales and two open-ended items. Once data are gathered over a four week period, a Pearson correlation and multiple linear regression was conducted to determine what relationship exists between years working as a counselor and perceived CES program emphasis on wellness and self-care contribute to total wellness scores on the FFWEL-A2. Open-ended text data will be coded and used to supplement survey data
CHAPTER 4: RESULTS

This study identified and described the wellness and self-care experiences of current counselor education and supervision (CES) doctoral students. Wellness experiences were measured using the Five Factor Wellness Inventory, Adult Form Version Two (FFWEL-A2; Myers & Sweeney, 2014). Further, a four-point Likert agreement scale on perceived CES program emphasis on wellness, a four-point Likert agreement scale on perceived CES program emphasis on self-care, and two open-ended prompts about self-care strengths and challenges were also included. Additionally, participants reported years of experience as counselor and seven other demographic questions (current marital status, current employment status, current enrollment as a student, highest level of education completed, what advanced degree participants hold, biological gender, and primary cultural background). The study results are organized by the four research questions:

RQ1: How do current CES doctoral students describe their overall wellness?

RQ2: Is there a relationship between current CES doctoral students’ overall wellness score on the FFWEL-A2 and their number of years working as a counselor, and their perceptions about their CES program’s emphasis on wellness and self-care?
RQ3: To what extent, if any, does number of years working as a counselor, and their perceived CES program emphasis on wellness and self-care predict current CES doctoral students’ total wellness scores on the FFWEL-A2?

RQ4: How do current CES doctoral students describe their personal self-care?

The FFWEL-A2 and the three added items, years spent as a counselor (i.e., presented as a drop-down menu with number of years to select), required wellness course (i.e., yes/no question), and two items about perceived CES program emphasis on wellness and self-care (4-point Likert Agreement scales), were administered using a no-login link through Mind Garden’s Transform™ survey hosting platform. A no-login link meant that any individual possessing the survey link could complete the instruments.

Data Collection

Data were collected by sending out a recruitment email to three list serves: CESNET, COUNSGRAD, and the CES doctoral listserv of a medium-sized Midwestern university. CESNET and COUNSGRAD are listservs that distribute email to subscribers across the U.S. In addition to the listservs, survey links were emailed to faculty members at CACREP-accredited doctoral programs. These faculty members were asked to forward the email to eligible participants (i.e. current CES doctoral students). The email contained a link to the survey tool.

Through the Transform™ survey hosting software, 536 individuals were sent an email research invitation and survey tool to complete. Important to note when considering response rate is that because of a no-login link (i.e., anyone with the link can click on it and consume a license), spam filters consuming licenses, and snowball sampling requests, participant response
rate is unknown. In this study, a total of 118 surveys were completed, and their data are discussed.

Participant Descriptions

Participants responded to eight demographic questions regarding current marital status, current employment status, current enrollment as a student, highest level of education completed, what advanced degree participants hold, biological gender (male or female), years spent as a counselor, and primary cultural background. Participants also indicated their years spent as a counselor. Each are described below.

A total of 118 participants completed this survey. In response to the demographic questions, a variety of different identities and experiences were reported. For biological gender, 83.9% (n=99) of the sample selected female and 16.1% (n=19) selected male. Regarding cultural background/race, 74.6% (n=88) identified as Caucasian, 18.6% (n=22) identified as African-American, 3.4% (n=4) identified as Hispanic/Latino/a, 2.5% (n=3) preferred not to say, and 0.8% (n=1) identified as Asian or Pacific Islander. Participants also reported their marital status: 48.3% (n=57) of the sample reported being married, 42.4% (n=50) reported being single, 3.4% (n=4) reported being separated, 4.2% (n=5) divorced, 0.8% (n=1) widowed, and 0.8% (n=1) preferred not to answer. As for employment status, 63.6% (n=75) were employed full-time, 27.1% (n=32) employed part-time, and 9.3% (n=11) not working. These demographic variables will be discussed further in Chapter 5, by comparing with previous studies on this topic.

Student Status

Among the study’s primary eligibility criteria for participation was an individual’s current status in a CACREP accredited CES doctoral program. In this study, 97.5% (n=115) of
respondents reported currently working on an advance degree. One participant preferred not to answer, and two participants reported not currently being a student. However, these three participants were not excluded because some potential participants contacted me about whether they were still eligible to participate because they had just graduated. These participants were permitted to complete the survey given the recent completion of their degree (less than two weeks).

**Required Wellness Course Offering**

Participants in this study were asked whether they were required to take a wellness-related course in their doctoral program. This question was included to identify whether wellness courses are required at a doctoral level. For this study, 94.1% (n=111) responded that their program did not require them to take a specific wellness-related course. Conversely, 5.9% (n=7) reported being required to take a wellness-related course in their doctoral program.

**Variable Data Analysis**

For this study, I examined the connection between the dependent variable total wellness scores on the FFWEL-A2 (Myers & Sweeney, 2014), and independent variables (i.e., number of years of counseling experience, perceived CES program emphasis on wellness, and perceived CES program emphasis on self-care). Participants indicated their years of experience as a counselor (e.g., someone with 8 months of experience would select 1 year).

The remaining two independent variables (i.e., perceived CES program emphasis on wellness, perceived CES program emphasis on self-care) were investigated with total wellness score, both measured using a four-point Likert scale consisting of strongly agree, agree, disagree, and strongly disagree. The following sections include descriptive statistics about each variable.
Dependent Variable: Total Wellness

The total wellness score on the FFWEL-A2 represents individuals’ overall wellness, also called the higher order factor, and is the dependent variable for this study. The total wellness score was calculated by summing all items on the instrument, which are: five second order factors (creative self, coping self, physical self, social self, essential self), 17 third order factors (thinking, emotions, control, work, positive humor, leisure, stress management, self-worth, realistic beliefs, friendship, love, spirituality, gender identity, cultural identity, self-care, exercise, and nutrition), four contexts (local, institutional, global, chronometrical), and the life satisfaction index (Myers & Sweeney, 2014). A metaphor for describing how these factors work is Russian nesting dolls. That is, total wellness is the largest doll, which contains smaller dolls that have their own even smaller dolls. Each doll has its own unique attributes, but they all fit into the larger doll (i.e. each factor fits into larger concept of wellness). Participant scores on all factors can range from 25 to 100, with 25 being the lowest level score and 100 the highest level.

On this study, a reliability test was completed to analyze internal consistency for the total wellness and five second order factors. Overall, total wellness and second order factors were reliable and consistent with Myers and Sweeney (2014). On this study, essential self-differed the most from internal consistency reported by Myers and Sweeney on this factor (α = .95). However, on data reported in Table 1, internal consistency was within reliable to highly reliable range for this study. Table 1 displays the reliability for these factors.
Table 1

Cronbach’s Reliability for FFWEL-A2 First and Second Order Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Wellness</td>
<td>.917</td>
</tr>
<tr>
<td>Creative Self</td>
<td>.855</td>
</tr>
<tr>
<td>Coping Self</td>
<td>.800</td>
</tr>
<tr>
<td>Physical Self</td>
<td>.902</td>
</tr>
<tr>
<td>Social Self</td>
<td>.948</td>
</tr>
<tr>
<td>Essential Self</td>
<td>.733</td>
</tr>
</tbody>
</table>

Independent Variable: Perceived CES Doctoral Program Emphasis on Wellness

Perceived CES doctoral program emphasis on wellness was measured by a four-point Likert agreement scale. Participants responded to the prompt: My current Counselor Education and Supervision doctoral program emphasizes my wellness. For this analysis, a scale of four represents the unit for response as: “strongly agree,” “agree, disagree,” and “strongly disagree.” That is, the higher the rating represents more agreement noted by participants about their perspective. The mean score perceived CES doctoral program emphasis on wellness was 2.07 indicating that the average for this scale is “disagree.” Regarding frequencies, approximately 3.4% (n=4) selected “strongly agree” 18.6% (n=22), “agree,” 59.3% (n=70), “disagree,” and 18.6% (n=22) “strongly disagree.”

Independent Variable: Perceived CES Doctoral Program Emphasis on Self-Care

Perceived CES doctoral emphasis on self-care was measured using a four-point Likert agreement scale. The four-point unit response for this scale: "strongly agree,” “agree,” “disagree,” and “strongly disagree.” Participants responded to the survey prompt My current Counselor Education and Supervision doctoral program emphasizes that I practice self-care. Anchors were set to a scale of four (i.e., strongly agree, agree, disagree, and strongly disagree).
The mean for this variable was 1.96 indicating that, overall, the average for this scale is “disagree.” For this variable, approximately 2.5% (n=3) selected “strongly agree,” 17.8% (n=21) “agree,” 52.5% (n=62) “disagree,” and 27.1% “strongly disagree” (n=32).

**Independent Variable: Years Spent as a Counselor**

When indicating time as a practicing counselor, participants reports were rounded to the nearest year. For example, when someone indicated 8 months of experience, they were coded as 1 year of experience. The decision to round participant experience to the nearest year was to avoid possible participant error by including half years or other decimal ranges. Participants in this study ranged from zero years of experience to a reported upper limit of 28 years of counseling experience. Collectively, participant mean years of counseling experience was 6.91 years. Further, 56.8% of participants (n=67) were within the 0-5 years of counselor experience, 23.7% (n=28) had 6-11 years, 11.9% (n=14) had 12-17 years, 5.1% (n=6) had 18-23 years, and 2.5% (n=3) had 24-29 years of experience. No participants indicated 30 or more years of professional counseling experience. Most reported among participants was having three to four years of experience. Table 2 reports participant frequencies for years of experience as a counselor.

**Research Question Analysis**

The following section includes the results of each research question. Results of Research Question 1 represents total wellness scores on the FFWEL-A2. Data reported for Research Question 2 represent the results from Pearson Product-Moment correlation analysis, and Research Question 3 data reports the results from multiple linear regression analysis. Data
Table 2

_Frequencies for Years Spent as a Counselor_

<table>
<thead>
<tr>
<th>Years</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>8</td>
<td>6.8</td>
<td>6.8</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>4.2</td>
<td>11.0</td>
</tr>
<tr>
<td>2</td>
<td>11</td>
<td>9.3</td>
<td>20.3</td>
</tr>
<tr>
<td>3</td>
<td>19</td>
<td>16.1</td>
<td>36.4</td>
</tr>
<tr>
<td>4</td>
<td>15</td>
<td>12.7</td>
<td>49.2</td>
</tr>
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<td>5</td>
<td>9</td>
<td>7.6</td>
<td>56.8</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
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<td>58.5</td>
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<td>4.2</td>
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<tr>
<td>8</td>
<td>7</td>
<td>5.9</td>
<td>68.6</td>
</tr>
<tr>
<td>9</td>
<td>5</td>
<td>4.2</td>
<td>72.9</td>
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<tr>
<td>10</td>
<td>6</td>
<td>5.1</td>
<td>78.0</td>
</tr>
<tr>
<td>11</td>
<td>3</td>
<td>2.5</td>
<td>80.5</td>
</tr>
<tr>
<td>12</td>
<td>5</td>
<td>4.2</td>
<td>84.7</td>
</tr>
<tr>
<td>13</td>
<td>3</td>
<td>2.5</td>
<td>87.3</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
<td>.8</td>
<td>88.1</td>
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<td>15</td>
<td>4</td>
<td>3.4</td>
<td>91.5</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
<td>.8</td>
<td>92.4</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>.8</td>
<td>93.2</td>
</tr>
<tr>
<td>19</td>
<td>2</td>
<td>1.7</td>
<td>94.9</td>
</tr>
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<td>2</td>
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<td>96.6</td>
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<td>24</td>
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<td>1</td>
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<td>99.2</td>
</tr>
<tr>
<td>28</td>
<td>1</td>
<td>.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
reported related to Research Question 4 summarizes participant open ended responses to prompts about self-care strengths and challenges.

**Research Question 1**

RQ1: How do current CES doctoral students describe their overall wellness?

This research question pertains to how current CES doctoral students describe their overall wellness. In this study, the dependent variable of *overall wellness* was measured by the total wellness score on the FFWEL-A2 (Myers & Sweeney, 2014), which is the sum of all items on the instrument. The total wellness score for this study’s participants was 79.35 (on a range from 25 to 100). This score is higher than the mean for the FFWEL-A2 norming group (71.63) reported by Myers and Sweeney (2014). Additionally, Table 3 includes descriptive statistics for this variable.

Table 3

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Wellness</td>
<td>118</td>
<td>62.40</td>
<td>94.50</td>
<td>79.3483</td>
<td>7.17502</td>
</tr>
</tbody>
</table>

**Factor scores.** The total wellness score is the sum of all items on the FFWEL-A2. Social-self had the highest mean score between creative self, coping self, social self, physical self, and essential self. Conversely, physical-self had the lowest mean score of those five factors. Overall, *love* had the highest mean score of any factor and realistic beliefs had the lowest mean score. Four factors had a range of 70 or greater: realistic beliefs, spirituality, exercise, and nutrition. Table 4 displays all second and third order factors, as well as context scores and life satisfaction index.
Table 4

Descriptive Statistics for Second and Third Order Factors, Context, Life Satisfaction, and Total Wellness

<table>
<thead>
<tr>
<th>Factor</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creative Self</td>
<td>118</td>
<td>66.7</td>
<td>100.0</td>
<td>82.667</td>
<td>8.0177</td>
</tr>
<tr>
<td>Thinking</td>
<td>118</td>
<td>70</td>
<td>100</td>
<td>86.61</td>
<td>8.445</td>
</tr>
<tr>
<td>Emotions</td>
<td>118</td>
<td>56.3</td>
<td>100.0</td>
<td>82.172</td>
<td>10.8474</td>
</tr>
<tr>
<td>Control</td>
<td>118</td>
<td>58.3</td>
<td>100.0</td>
<td>84.959</td>
<td>10.6951</td>
</tr>
<tr>
<td>Work</td>
<td>118</td>
<td>45</td>
<td>100</td>
<td>77.12</td>
<td>12.784</td>
</tr>
<tr>
<td>Positive Humor</td>
<td>118</td>
<td>56.3</td>
<td>100.0</td>
<td>83.499</td>
<td>11.4539</td>
</tr>
<tr>
<td>Coping Self</td>
<td>118</td>
<td>50.0</td>
<td>96.1</td>
<td>74.810</td>
<td>8.9463</td>
</tr>
<tr>
<td>Leisure</td>
<td>118</td>
<td>41.7</td>
<td>100.0</td>
<td>75.495</td>
<td>13.5426</td>
</tr>
<tr>
<td>Stress Management</td>
<td>118</td>
<td>50.0</td>
<td>100.0</td>
<td>77.775</td>
<td>10.5791</td>
</tr>
<tr>
<td>Self-Worth</td>
<td>118</td>
<td>50.0</td>
<td>100.0</td>
<td>82.754</td>
<td>11.8599</td>
</tr>
<tr>
<td>Realistic Beliefs</td>
<td>118</td>
<td>25</td>
<td>95</td>
<td>65.30</td>
<td>13.872</td>
</tr>
<tr>
<td>Social Self</td>
<td>118</td>
<td>56.3</td>
<td>100.0</td>
<td>89.868</td>
<td>10.3264</td>
</tr>
<tr>
<td>Friendship</td>
<td>118</td>
<td>50.0</td>
<td>100.0</td>
<td>86.669</td>
<td>11.6081</td>
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<tr>
<td>Love</td>
<td>118</td>
<td>56.3</td>
<td>100.0</td>
<td>93.072</td>
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<tr>
<td>Physical Self</td>
<td>118</td>
<td>30.0</td>
<td>100.0</td>
<td>71.250</td>
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</tr>
<tr>
<td>Exercise</td>
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<td>25</td>
<td>100</td>
<td>71.14</td>
<td>18.713</td>
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<td>Nutrition</td>
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<td>25</td>
<td>100</td>
<td>71.36</td>
<td>16.828</td>
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<tr>
<td>Essential Self</td>
<td>118</td>
<td>42.2</td>
<td>98.4</td>
<td>79.320</td>
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<td>Gender Identity</td>
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<td>50</td>
<td>100</td>
<td>82.169</td>
<td>12.9266</td>
</tr>
<tr>
<td>Spirituality</td>
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<td>100</td>
<td>71.74</td>
<td>25.016</td>
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<tr>
<td>Self-Care</td>
<td>118</td>
<td>37.5</td>
<td>100.0</td>
<td>84.456</td>
<td>13.1968</td>
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<td>Cultural Identity</td>
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<td>41.7</td>
<td>100.0</td>
<td>81.358</td>
<td>13.6841</td>
</tr>
<tr>
<td>Local Contexts</td>
<td>118</td>
<td>70</td>
<td>100</td>
<td>87.25</td>
<td>10.140</td>
</tr>
<tr>
<td>Institutional Context</td>
<td>118</td>
<td>31.3</td>
<td>100.0</td>
<td>72.057</td>
<td>12.7030</td>
</tr>
<tr>
<td>Global Context</td>
<td>118</td>
<td>41.7</td>
<td>100.0</td>
<td>77.334</td>
<td>13.1103</td>
</tr>
<tr>
<td>Chronometrical</td>
<td>118</td>
<td>37.5</td>
<td>100.0</td>
<td>81.432</td>
<td>10.5752</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>118</td>
<td>50</td>
<td>100</td>
<td>80.93</td>
<td>15.566</td>
</tr>
<tr>
<td>Total Wellness</td>
<td>118</td>
<td>62.40</td>
<td>94.50</td>
<td>79.3483</td>
<td>7.17502</td>
</tr>
</tbody>
</table>
Research question one summary. RQ1: How do current CES doctoral students describe their overall wellness? Mean scores for total wellness and all other factors for this study were higher than those in FFWEL-A2 in the norm group (Myers & Sweeney, 2014). Meaning, based on the author’s report, mean scores, CES doctoral students in this study reported higher wellness. Although all second order factor mean scores in this study were higher than the norming group (Myers & Sweeney, 2014), the factor of social self was had the highest mean score between creative self, coping self, social self, physical self, and essential self. This result may suggest that social wellness was a strength for this doctoral student sample. The lowest mean second order score was physical self.

Spirituality, nutrition, exercise, and realistic beliefs all had a range of 70 or more. These results suggest a diverse range of experiences for CES doctoral students on these factors. The highest mean score for all factors was love (M=93.07) and the lowest mean score was realistic beliefs (M=65.3).

Statistical Analyses Assumptions

Before interpretation of the correlation and regression results, the assumptions underpinning both analyses must be met and are described.

Correlation assumptions. For research question two, assumptions for the Pearson Product-Moment correlation are:

1. Additivity and linearity-This assumption is that data follows a linear pattern. Each independent variable was inspected with the dependent variable on a scatterplot to meet linearity
2. No significant outliers: These data did contain outliers, however there were no outliers beyond 3.5 standard deviations (case 6 was right at 3.5 standard deviations but was included).

3. Variable types: There is one continuous independent variable (total wellness on the FFWEL-A2) and two continuous dependent variables (years spent as a counselor and perceived CES program emphasis on wellness and self-care).

4. Normal distribution of variables- This assumption was met by visual inspection of variable histograms and representation of demographic variables compared to the stratification of the population of CES doctoral students.

**Multiple linear regressions assumptions.** For research question three, Field (2013) described assumptions that must be met with multiple linear regression models.

1. Additivity and linearity-This assumption is that data follows a linear pattern. This assumption was met by visual inspection of scatterplots.

2. Independent errors: This assumption states that residual terms should be uncorrelated (or the lack of autocorrelation; Field, 2013). This assumption is met using the Durbin-Watson statistic, which is between 0 and 4. A statistic of 2 means that the values are uncorrelated and values greater than 2 have a negative correlation. Values below 1 and greater than 3 on this test can be viewed as problematic (Field, 2013). This regression yielded a Durbin-Watson statistic of 2.48 meeting this assumption.

3. Homoscedasticity: This assumption means that residuals at each level of predictors have the same variance (Field, 2013). This assumption was met by inspection of a scatterplot showing random spread of residuals (Appendix D).
4. **Variable types:** There is one continuous independent variable (total wellness on the FFWEL-A2) and two continuous dependent variables (years spent as a counselor and perceived CES program emphasis on wellness and self-care).

5. **Multicollinearity:** As previously mentioned, this assumption was violated by perceived CES program emphasis on wellness and perceived CES program emphasis. In turn, I combined the variables and averaged them for a new variable that does not display multicollinearity. Additionally, tolerance values for these variables were below 1 and VIF values were greater than 1 but less than 1.1.

6. **Normally distributed residuals:** This assumption was met by visual inspection of P-P plot (Appendix E).

7. **No significant outliers:** These data did contain outliers, however there were no outliers beyond 3.5 standard deviations (case 6 was right at 3.5 standard deviations but was kept in the data set).

Additionally, I examined influence statistics looking for problematic cases. Standardized residuals did not exceed the cutoff of an absolute value of 3. Then, Cook’s (Cook, 1977) values, with a cut-off of greater than one, was examined and no cases were found that violated these criteria.

The assumption of multicollinearity was violated because the independent variables perceived CES program emphasis on wellness and perceived CES program emphasis on self-care were highly correlated (a value of \( r = .843 \)). These variables may be highly related because, despite definitions for each variable, only one item addressed perceived emphasis on wellness and perceived emphasis on self-care. More scales or items addressing each variable may have
helped distinguish the variables. Also, it is possible that participants did not fully read each
definition and viewed the variables as the same. These variables were highly correlated, meaning
they were too similar. In consultation with research methods advisor, the decision was made to
address their similarity averaging these variables to minimize multicollinearity. That is,
perceived CES program emphasis on wellness and perceived CES program emphasis on self-care
were averaged (for each participant). This met the assumption of multicollinearity. Therefore, for
the correlation and regression, the two independent variables were combined. Another variable
note: initially, the regression would be carried out using years spent as a counselor in year
ranges. However, because the sample reported a 0-5 year range of counseling experience
(greater than 50%), the decision was made to analyze the raw data (i.e., specific years of
experience instead of a collapsed number of experience years) to investigate how time in the
field may make a difference regarding perspective and practice related to wellness and self-care.

Research Question 2

RQ2: Is there a relationship between current CES doctoral students’ overall wellness score on the
FFWEL-A2 and their number of years working as a counselor, and their perceptions about their
CES program’s emphasis on wellness and self-care?

Research question two investigated whether a relationship existed between the dependent
variable (total wellness scores on the FFWEL-A2) and the three independent variables: years
spent as a counselor, perceived CES program emphasis on wellness and self-care. To determine
this relationship, a Pearson Product-Moment Correlation was conducted. Results for this
correlation are presented in Table 5.
Table 5

**Correlations Between Total Wellness Scores and Independent Variables**

<table>
<thead>
<tr>
<th></th>
<th>Years as a Counselor</th>
<th>Avg. of Perceived Emphasis</th>
<th>Total Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years Spent as a Counselor</td>
<td>Pearson Correlation</td>
<td>.148</td>
<td>.003</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.109</td>
<td>.971</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>118</td>
<td>118</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation</td>
<td>.148</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.109</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>118</td>
<td>118</td>
</tr>
<tr>
<td>Average of Program Emphasis on Wellness and Self-Care</td>
<td>Pearson Correlation</td>
<td>.003</td>
<td>-364**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.971</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>118</td>
<td>118</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

As displayed in this table, there is a non-existent relationship between years spent as a counselor and total wellness scores on the FFWEL-A2 ($r=.003$). However, a moderate inverse relationship ($r=-.364$) existed between total wellness scores and the average perceived CES program emphasis on wellness and self-care. Meaning, as an average perceived emphasis score increased, the total wellness score decreases and vice versa. This relationship was statistically significant at a 99% confidence level.

Overall, this analysis indicated that there is no relationship between total wellness scores on the FFWEL-A2. Conversely, there was an inverse relationship between average perceived CES program emphasis on wellness and self-care ($r=\neg-.364$). The interpretations and implications of these results will be discussed in Chapter 5.
Research Question 3

RQ3: To what extent, if any, does number of years working as a counselor, and their CES program emphasis on wellness and self-care predict current CES doctoral students’ total wellness scores on the FFWEL-A2?

Research question three explored whether years spent as a counselor, perceived CES program emphasis on wellness, and perceived CES program emphasis on self-care predicted total wellness scores on the FFWEL-A2.

Multiple linear regression results. Using a forced entry multiple linear regression, years spent as counselor range, perceived CES program emphasis on wellness, and perceived CES program emphasis on self-care were entered in as independent variables. Total wellness scores on the FFWEL-A2 was entered as the dependent variable. Significance for overall model and individual predictors was set at an alpha p<.05. Table 6 displays the model summary for this analysis.

Table 6

<table>
<thead>
<tr>
<th>Model Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

Adjusting for the number of predictors in the model, the adjusted R square statistic indicated that the predictor variables accounted for 12% of variance within the total wellness scores. There are many other factors that account for wellness. Further, an ANOVA for the overall model is displayed in Table 7. With a p<.05, the ANOVA indicated that the adjusted R square value is significantly different from zero. Table 8 presents the coefficients for each predictor variable.
Table 7

**ANOVA for Regression Model**

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>816.109</td>
<td>2</td>
<td>408.055</td>
<td>9.012</td>
<td>.000b</td>
</tr>
<tr>
<td>Residual</td>
<td>5207.165</td>
<td>115</td>
<td>45.280</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6023.275</td>
<td>117</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 8

**Coefficients for Regression Model**

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
</tr>
<tr>
<td>(Constant)</td>
<td>86.545</td>
<td>1.950</td>
</tr>
<tr>
<td>Years Spent as a Counselor</td>
<td>.071</td>
<td>.106</td>
</tr>
<tr>
<td>Average of Program Emphasis on Wellness and Self-Care</td>
<td>-3.818</td>
<td>.899</td>
</tr>
</tbody>
</table>

Only the average of perceived CES program emphasis on wellness and self-care was a statistically significant predictor at p<.05.

**Research question 3 summary.** The multiple linear regression conducted for this question indicated that the average perceived CES program emphasis on wellness and self-care was a statistically significant variable. This significance was found at an alpha level less than .05. Therefore, it can be stated that this variable is a predictor of total wellness scores on the FFWEL-A2. To my knowledge, this study is the first to find a statistically significant predictor variable for total wellness scores on the FFWEL-A2 (or its first edition, the FFWEL) with CES doctoral
students. However, the variance of 12% was low, meaning that there are many other factors that explain wellness within this population.

**Research Question 4**

RQ4: How do current CES doctoral students describe their personal self-care?

Research question two focused on how CES doctoral students experienced self-care. I wanted to understand the holistic experience of self-care by including both strengths and challenges. Participant responses to the prompts about self-care strengths and challenges varied in length and depth. As described in chapter 3, I used open and axial coding to identify themes. Of 118 participants, two participants did not respond to these prompts. When reviewing responses for participant challenges/barriers, the following themes were identified: time, guilt, financial constraints, perceptions of discrimination, COVID-19, and personal experiences with mental health.

**Strengths.** Understanding what interventions current CES doctoral students are using was a fundamental part of research question two. When reviewing participant self-care strengths, the following themes were identified: individual activities, social activities, awareness, and overcoming guilt. In addition, from these themes, subthemes emerged: sleep, exercise, nutrition, spirituality, and hobbies

**Individual activities.** Participant preferences for self-care activities were divided into individual and social activities. Individual activities are those that participants chose to engage by themselves or without others. For example, although a participant can sleep in the same bed with another person, sleeping is an activity that they complete by themselves. Individual activities included sleep, some forms of exercise, nutrition, and hobbies.
Sleep. Sleep emerged as a strength for 6 (5%) for participants. This subtheme included any mention of sleep or sleep regimen as a strength. This strength was mentioned by seven participants. One participant described their experience: “I engage in a consistent bedtime routine without technology almost every evening, making it to bed by 10pm. I sleep soundly and wake between 4:30-6:30am depending on the amount of work I have to complete. This allows me to regularly reach 6.5-8.5 hours of sleep.” One participant also noted that self-care means “sleeping more than usual”. Other participants, when describing sleep as a self-care strength, mentioned achieving between 6 and 8.5 hours of sleep a night. Another area mentioned within sleep strengths was prioritizing sleep; regardless of how much work had to be completed.

Exercise. Exercising also emerged as a common strength discussed by 21% of participants (n=25). Exercise included walking (individually or with a dog), running, triathlons, marathon running, stretching, weightlifting, swimming, kayaking, biking, volleyball, yard work, and maintaining a daily step count. Those that viewed exercise as a strength stuck to a regimen by meeting a set number of hours or days per week in which physical activity occurs. For example, as one participant noted: “I make time for exercise 5 days per week.” One participant highlighted the benefits of exercising: “I understand the importance of regular exercise for my physical health. I at times enjoy it, but also feel a sense of accomplishment and pride after completing it.” This experience of positive exercise outcomes was echoed by others who mentioned feeling grounded, relieving stress, and avoiding complacency.

Nutrition. Nutrition included 8 (7%) participants who mentioned nutrition, eating, or diet as a strength. Specifically, participants mentioned how they prioritize eating healthy. “I make it a priority to cook at home, creating nutrient-dense meals I can eat throughout the week. Because of
Participants mentioned eating healthy as a strength but did not always described what eating healthy means. For those that provided details, personal choice was mentioned. For example: “I’m a vegetarian for moral and ethical reasons which helps me be more mindful of what I eat and my own ethical and environmental views.” Another participant described their mindset: “I make it a point to eat well. By well I mean balanced while enjoying the occasional indulgence.”

**Spirituality.** This category includes spiritual activities that participants did by themselves, which was mentioned by 23 (20%) participants. That is, meditation, prayer, and yoga (unless explicitly stated occurring with a friend) can be completed individually. For example: “time for meditation, connecting to a higher power and a sense of purpose and meaning.” Another participant stated: “I meditate at the start of my day to set Intentions for the day.” Another participant described their meditation benefits: “When I am meditating, I find that I am listening to myself and what my needs are.” Faith (n=4) and prayer (n=4) featured within the self-care strengths. One participant mentioned how their religion influenced their self-care: “The spiritual practices of prayer, reading, and believing in something bigger than myself (God) and continually trying to adhere to the teachings of Jesus greatly help my self-care.” Yoga was also practiced daily by some participants by spending 30 minutes or the beginning of each day completing this activity.

**Hobbies.** Hobbies, mentioned 23 (20%) times, is a category that includes any personal activities that do not fit into other categories. These activities include solitude, baking, cooking, woodworking, reading, listening to music, and leisure activities. Leisure or leisure activities were phrases used by some participants for their self-care preference. Solitude or time alone itself was
mentioned by participants, described by one student as: “the necessity to recharge in solitude rather than isolation.” Another participant described their hobby: “Woodworking- leisure activity, how I spend 2 or 3 evenings a week. Allows me to create something physical/tangible and gives my brain a break.” Three participants mentioned reading as a strength. For example: “I enjoy reading and since beginning my doctorate I have struggled with reading anything but evidence-based peer reviewed literature. It is important for me to read fun things that bring me joy.”

**Social activities.** This category included self-care strengths in which participants explicitly engaged with others. For example, engaging with friends, family, peers, or religious communities fit the social activities description. For example, attending church is a spiritual implementation of a social activity.

**Friends, family, and peers.** This category included engaging with friends, a partner/spouse, utilizing a support system, classmates, and family was a discussed strength by 22 participants (19%). Friends, family members, partners, and doctoral peers could all be a part of this process. One participant described their experience:

One of my good friends and I are in the same PhD cohort. We often talk about how the doctoral experienced is impacting us and how we try (although often unsuccessfully) to find balance between the many intersecting roles within our lives.

For one participant, just knowing that they can reach out to others was vital: “I reach out to family, friends, and my wife for support. I find it helpful to be around loved ones. I can reach out for help when I need it.” More participants described their support system: “Family - My husband and extended family are always there for me and supportive of my education, work, life,
etc.” and “My spouse is a huge support of my development and well-being.” For another participant, their family was reminder to practice self-care.

**Spirituality.** Spirituality was also a social activity as well if it included group spiritual activities. This type of spirituality was mentioned by 12 participants (10%). Spirituality can include engaging with a religious community and religious observances. For example: “I also rely on spiritual wellness and observe Shabbat every week. I do this by making my own traditions with my husband. I bake challah, light the candles, and say the prayers.” Attending religious services were also mentioned by participants: “I attend worship services when not having to stay at home.” For another participant, attending church was part of their weekly self-care routine.

**Awareness.** The next strengths theme revolved around acknowledging when self-care is needed and then implementing self-care. Awareness was a strength for 12 participants (10%). Specifically, using their awareness to know when stress is becoming too much. To sum up awareness, a participant noted that “self-awareness means being aware of internal emotional states and knowing when you have unmet needs.” One participant remarked that “Over the years I have learned some red flags that I do or experience that signal I need to take a break and engage in self-care.” Another participant described a similar experience, noting that “I’m aware of my boundaries, breaking points, and personal work style that aid in myself resting and working.” Additionally, another doctoral student acknowledged: “I deem noticing when I am unwell as a strength, as moments of feeling or being unwell are unavoidable but I can notice them and adequately work to correct them.” Further, some participants were clear about what self-care
means to them: “Practicing self-care allows me the opportunity to experience a clear mind, and a renewed spirit.”

Some participants reported that when they were aware of their needs, they established boundaries. For example, taking time off was useful for one participant: “When I am sick, I am sick and take time to heal; even if that means I have to disappoint someone that week.” This individual prioritized themselves and understood that they need to take care of themselves before they can work with others. Another participant stated: “I don’t do schoolwork on Saturdays, no matter what. I am very strict with myself about taking this one day a week off.” These two participants emphasized this strength, that awareness of needs is not a bad thing within a doctoral program. These boundaries can also be a process as one participant noted that “saying ‘no’ has been difficult since being in the doctoral program”. However, another participant offered hope about this experience noting that “saying ‘no’ to things has empowered me and given me space to myself.”

**Overcoming guilt.** The final strength mentioned by some participants was overcoming guilt, mentioned by 3 participants (3%). This theme included how participants overcame feeling guilty about their own needs or practicing self-care. Eliminating feelings of guilt and giving oneself the benefit of the doubt was mentioned. “Freedom from guilt while taking care of self” was acknowledged as a strength for one participant. Others echoed this experience: “I have overcome feelings of guilt that can come from putting myself first” and “do not experience feelings of guilt when taking part in self-care activities and am easily able to step away from my work”. For these participants, guilt shifted from a challenge to a strength. One participant discussed their dual experiences with guilt about saying no:
Saying "no" is a strength and a challenge for me. Though I have been able to tell people I can't work on projects or take on another task, it has been difficult to do so at times, particularly when there is someone who has some authority over me.

**Challenges/barriers.** When exploring the challenges data, participants used this space to share their experiences with time, lack of motivation, energy, discrimination, guilt, COVID-19, finances, lack of social support, expectations, and personal mental health experiences. Challenges included barriers that obstructed participants from practicing self-care. These barriers could be practical like time or abstract like perceptions of discrimination.

**Time.** The most common barrier mentioned by participants was time, mentioned by 45 (39%) participants. This challenge was pervasive, infiltrating elements of personal, professional, and social lives. Balancing a doctoral degree with other obligations is time-consuming, in myriad ways as well. As mentioned previously, 63.6% of the sample are currently employed full-time. One participant highlighted how time is challenge given all the activities doctoral students engage in: “It is difficult to juggle full time doctoral degree; working full time and part time (two jobs); participating in presenting at conferences, writing for publication, and research; family and friends; and all other areas of life.” Additionally, another participant mentioned how time constraints affected their ability to practice their religion: “I am Muslim and I often get frustrated that I don't pray 5 times a day.” For those who identified exercise as a challenge, a common thread was finding time to prioritize exercise. One participant describes: “Losing track of self-care: when overwhelmed I eat poorly, neglect exercise, and have to work hard to reset again.” Another participant echoed these sentiments:

When I started the program I was so busy that exercise and proper nutrition fell to the bottom of the list of things that were important to me. Now, I have developed bad habits and have struggled to regain good ones.
Another participant highlighted how due to time constraints, sacrifices must be made: “As a doctoral student that also works full-time, I often feel like at least one aspect of self-care is compromised (probably sleep or exercise). This impacts my wellness and self-care significantly.” Another participant reflected that with the many obligations required for their CES doctoral program, it does not allow time for self-care which “becomes a low priority.” For another, finding time to practice wellness within a PhD student schedule was “almost impossible.” Participants repeatedly mentioned time as being sacrificed for program requirements. Some participants also eliminated spiritual practices, social time, eating healthy, and other self-care practices because of lacking time to engage in wellness. These responses highlighted the challenge to prioritize self-care and this struggle can be amplified when trying to complete “major papers or assignment[s].” The stressors of a doctoral program created a paradoxical experience for one participant: “during times of high-stress, it can be more challenging to take time for activities that might help me cope with the stress”. Another participant described the overarching challenge between self-care and work as it relates to sleep: “sometimes I feel like to engage in the amount of self-care that ‘experts’ advise, I would need to quit my job or give up sleep.”

**Lack of motivation or energy.** This theme included any mention of diminished desire or drive to practice self-care, mentioned by 13 (11%) participants. For example: “finding time to practice self-care is difficult. When I have time, I am sometimes too tired to want to do activities”. If students can find time to practice self-care, there are hindered because “there is zero energy left to do so.” One participant even mentioned feeling like they had to force themselves to exercise but they lacked the motivation. A CES doctoral program requires
significant time commitments and participants reported that when they found time to be well or practice self-care, they were already exhausted.

**Perceptions of discrimination.** This theme included any perceptions of discrimination that existed within personal, societal, or institutional structures which was mentioned 6 (5%) times. Discrimination emerged as another barrier to practicing self-care that emerged for some participants. Discrimination included institutional structures, incidents, or microaggressions. One participant highlighted “racism and white supremacy” as challenges to self-care. Further, another reported “feeling safe as an AA female, feeling safe [as] an AA person”. This participant further described their experience “Being an African American in this society is brutal. I often fear for my safety and that of my son or any male family members.” Additionally, discrimination may occur by poor representation within doctoral programs: “being a Male of color in a doctoral program is challenging mentally. No one looks like me or understand my identity struggle.” As previously mentioned, engaging socially or with a support system was part of self-care intervention preferences. Another participant highlighted how being LGBT in a conservative area impacted their social interaction: “I belong to the LGBT community and live in a fairly conservative city making it difficult to find like-minded people at times”. Another participant described their experience:

> I've recently realized in the last few years that I'm LGBTQIA+, so I have to worry about numerous rights of mine being restricted or actually having harm done to me because the gov is rolling back protections for folks like me. So, that's a lot to deal with.

**Guilt.** Another theme that emerged from these data was guilt, mentioned by 7 (6%) participants. This theme included any negative experiences with guilt about self-care. Participants expressed how guilt was a challenge when practicing self-care. Specifically, feeling
guilty when taking a break or time away from schoolwork. As one participant described: “I sometimes feel guilt when taking time for myself.”

Some students reported feelings of guilt for practicing self-care while is unfinished. As one participant said:

At times I feel guilty when I do walk away from my schoolwork and feel that I should be working. I can be a perfectionist at time and become upset if something doesn’t turn out the way I hoped it to.

This idea of perfectionism was also discussed in research question one when talking about realistic beliefs. One participant described their experience: “I sometimes feel guilty about taking a break from schoolwork”. These feelings of guilt can combine with the limited time that participants experienced: “I am very busy in my doctoral studies and I sometimes feel guilt when taking time for myself.” This experienced was amplified for this participant during their dissertation: “If I do, I find myself thinking about my work. It has especially been challenging during dissertation.” Participants discussed how taking a break and not experiencing guilt or perfectionism proved to be a challenge. Other participants also reported knowing they needed more sleep but decided to focus on work instead: “because of my current responsibilities I am not able to sleep as much as I would like.” For those who mentioned nutrition, diet, or eating as a challenge (n=15) the concept guilt about stress eating emerged: “During stress, I do not always make the best decisions regarding sugar intake,” “I struggle to eat healthy when stressed and overwhelmed,” “when overwhelmed I eat poorly,” “I will often eat out of stress or boredom and I don’t like this,” and “I tend to eat too much when faced with powerful or distressful emotions.” Additionally, one participant mentioned how available food can also contribute to poor perceptions of diet: “Between classmates and gatherings at school, there are always fatty foods
with poor nutrition available for free.” Participants noted that saying no to responsibilities was a challenge or focusing on others before themselves: “I often forget to pay attention to my needs and will sometimes put others’ needs before my own.”

**Expectations.** Expectations, in this theme, revolved around personal, professional, or social expectations that challenged practicing self-care, mentioned by 9 (8%) participants. CES doctoral students are expected to balance a PhD program and other life roles as well. Some participants highlighted their expectations as a parent as particularly taxing: “I have young kids. They are wonderful and sometimes they are a lot to handle.” Additionally: “I have a lot of demands on my time as a doctoral student and parent, so sometimes self-care is last on the list.” When school, kids, or other responsibilities challenged CES doctoral students, self-care was relegated.

**Financial constraints.** Financial constraints included poor pay, lost jobs, limited discretionary spending, or worrying about finances. This theme was mentioned by 8 (7%) participants. For one participant, poor pay within the field impacted their ability to practice self-care: “our field pays SO low for the work we do so I cannot travel and enjoy life the way I would like!” Additionally, limited finances affected one participant’s ability to diversify their self-care: “sometimes I wish I could paint, play an instrument, etc. but can’t and don’t necessarily have the resources to do those things.” For other participants financial constraints affected their daily functioning: “I am CONSTANTLY worried about being able to afford basic necessities like food, etc., there’s no way I have money to do other self-care.” Another participant highlighted how working as a graduate assistant did not provide enough financial support to sustain wellness: “As a PhD student, who is employed as a graduate assistant at my university I barely make
enough money to cover my bills. Having to constantly worry about finances really impacts my wellness.” Another participant's GA was no longer provided enough financial support and they acquired a full-time job. Poor pay for jobs that take up time further compounded some participant’s wellness and self-care.

**COVID-19.** At the time of data collection, stay at home orders were still in place across the country due to COVID-19. The world was put on hold for several months to keep individuals safe from infection. COVID-19 barriers included discussing the virus itself or stressors related to changes in work style (i.e. in person to virtual) and was mentioned by 10 (9%) participants. Social distancing prevented self-care activities like spirituality and interacting with friends and family. For one participant, COVID-19 has introduced concern around their safety: “I eat less than two meals a day due to COVID-19 and being in an unsafe work environment with no PPE.” Restrictions around COVID-19 also introduced new challenges for one participant: “COVID-19 has made me more accessible 24/7 in the minds of colleagues and clients.” Another participant lost their job and has been unable to find a sufficiently paying replacement position.

**Lack of social support.** This theme included participant frustration or disappointment that they were not receiving their preferred level of support. This theme was mentioned 6 (5%) times within these data. “The CE & S doc program I am enrolled in does not promote social connection, and with busy schedules it is difficult to find this outside of my cohort.” Further, one participant noted: “My program pushes a lot of work and stress on us but does not support us mentally, emotionally, or financially and often we experience microaggressions or retribution when we ask for our needs to be met or wellness prioritized.” Another participant wrote: “I actually feel that my school environment is the least supportive environment that I am in.” This
participant acknowledged that their program had good intentions but did not have the means to support their students. Another participant noted that the nature of doctoral work is isolating. Lack of support went beyond doctoral programs as well for some participants. One participant described how their family is well-intentioned with their support but does not understand what it means to complete a dissertation. Another described how social relationships can be both positive and negative.

**Personal mental health experiences.** A barrier present, 5 (4%) times, within the data was the participants own challenges or mental health experiences. This barrier included personal mental health, substance use, or decreased personal prioritizing. Some participants reported personal experiences of anxiety or tic disorders were a challenge. For example, “I also frequently feel overwhelmed, making me feel jumbled and use more energy identifying and performing skills.” Alcohol and tobacco use were a challenge for one participant. This participant used chewing tobacco for focus daily and several glasses of alcohol four to five days a week.

**Research question 4 summary.** Research question four focused on how current CES doctoral students experienced personal self-care. A total of 116 participants responded to open-ended prompts about their self-care strengths and challenges. The purpose of these open-ended areas was to identify self-care preferences and experiences that CES doctoral students have. Four themes emerged from participant strengths: individual activities, social activities, awareness and overcoming guilt. Individual activities focused on how participants engaged in self-care strengths on their own. Within this theme, 5% of participants mentioned sleep, 21% mentioned exercise, 7% mentioned nutrition, 20% mentioned spirituality, and 20% mentioned hobbies. Social activities were self-care strengths that participants engage with others. Of the 116 participants
that responded, 19% of participants mentioned spending time with friends, family, and peers as a strength. Further, 10% of participants mentioned spirituality, in a social manner, as a strength. Another strength identified by 10% of participants was awareness. That is, being able to identify when wellness is low and introducing self-care. The final strength was overcoming guilt, discussed by 3% of the respondents. The challenges data revealed the following themes: time, motivation, energy, perceptions of discrimination, guilt, COVID-19, finances, lack of social support, expectations, and personal mental health experiences. Time, mentioned by 39% of participants, emerged as the most common challenge/barrier to practicing self-care, with many participants lamenting that there are only so many hours to complete obligations. Further, 13% of participants mentioned lack of motivation or energy, 5% mentioned perceptions of discrimination, 6% mentioned guilt, 8% mentioned expectations, 7% mentioned financial constraints, 9% mentioned COVID-19, 5% mentioned lack of social support, and 4% mentioned personal mental health experiences as a challenge.

Summary

118 participants completed the FFWEL-A2 with added items: (a) years spent as a counselor, (b) perceived CES program emphasis on wellness, and (c) perceived CES program emphasis on self-care. Participants also described their self-care strengths and challenges using open-ended text boxes. Descriptive data from this sample indicated that total wellness mean scores were higher than the norming group. Additionally, self-care data was grouped based on strengths and challenges. For strengths, the themes were individual activities (mentioned by approximately 73% of participants), social activities (mentioned by approximately 29% or participants), awareness (10%), and guilt (3%). For challenges/barriers, the themes were time
(39%), lack of motivation or energy (13%), expectations (8%), perceptions of discrimination (5%), COVID-19 (9%), lack of social support (5%), financial constraints (7%), guilt (6%), and personal mental health experiences (4%). To address multicollinearity, perceived CES program emphasis on wellness and perceived CES program emphasis on self-care were combined into one variable: average of perceived CES program emphasis on wellness and self-care. A Pearson Product-Moment correlation was conducted to test the relationship between total wellness, years spent as a counselor and average of perceived CES program emphasis on wellness and self-care. This analysis indicated a relationship ($r=-.364$) between total wellness scores and perceived CES program emphasis on wellness and self-care. At a 99% confidence level, this relationship was statistically significant. Further, a multiple linear regression indicated that average of perceived CES program emphasis on wellness and self-care was a statistically significant predictor. These data will be interpreted in Chapter 5.
Chapter 5: Discussion

The purpose of this study was to identify and describe the wellness and self-care experiences of current counselor education and supervision (CES) doctoral students in Council for the Accreditation of Counseling and Related Educational Programs (CACREP) accredited doctoral programs. This chapter explores what the results mean for the counselor education and supervision community and connects these data to previous literature on CES doctoral student wellness. Interpretations for this chapter are organized by research questions. Research questions (RQs) for this study are:

RQ1: How do current CES doctoral students describe their overall wellness?

RQ2: Is there a relationship between current CES doctoral students’ overall wellness score on the FFWEL-A2 and their number of years working as a counselor, and their perceptions about their CES program’s emphasis on wellness and self-care?

RQ3: To what extent, if any, does number of years working as a counselor, and their CES program’s emphasis on wellness and self-care predict current CES doctoral student total wellness scores on the FFWEL-A2?

RQ4: How do current CES doctoral students describe their personal self-care?
Recommendations for counselor educators, CES programs, for accreditation, and CES doctoral students are provided. This chapter concludes with a discussion about the current study’s limitations and suggestions for future researchers.

**Study Contributions**

This study found that CES doctoral students experience higher than the norming group (Myers & Sweeney, 2014). What this means is that CES doctoral students from this study may experience higher levels of wellness than the general public. Additionally, this study found that CES doctoral students use myriad self-care activities. CES doctoral students can remember that their self-care routine is personal, what methods work for them might not work for others. Suggestions about one-size-fits all approaches towards self-care are not useful and personal utility should be emphasized. Wellness is often the primary focus of research with this population, so juxtaposing these concepts equally provides current CES doctoral students and counselor educators a holistic picture of this population. That is, self-care and wellness are highly connected concepts, to the point where CES doctoral students may view these concepts as identical. Additionally, this study highlights suggests a counterintuitive approach to wellness and self-care exists within CES doctoral students. Specifically, emphasizing wellness and self-care is not necessarily a positive approach and students may instead need to focus on their own self-reliance.

**Demographic Data Discussion**

A total of 118 participants, recruited via email, contributed to this study. There were a variety of demographic experiences within this sample. This sample was predominantly female (83.9%) in response to a question about biological gender. This number is higher than the
76.89% of female-identified doctoral students for CACREP’s 2017 vital statistics report.

However, CACREP reported that not all accredited programs provided demographic information, so the total number from all programs is not clear. Conversely, this sample had a greater representation of Caucasian students than the overall program demographics (74.6% and 55.3%, respectively; CACREP 2018). A similar trend occurred within this study concerning gender, 83.9% identified as female. According to CACREP, 76.89% of doctoral students identify as female. These demographic differences may have resulted from recruitment methods, which sought participants via email. Perhaps a stratified sample would have yielded different results.

Another added demographic item on the Five Factor Wellness Inventory, Adult Form Version 2 (FFWEL-A2) for this study was a yes/no question about whether current CES doctoral students are required to take a wellness related course. An overwhelming majority, 94%, reported that they are not required to take wellness related course. These data may provide some insight into a potential area for improvement.

**Variables of Interest**

For this study, wellness and self-care were separated and provided with their own definitions. Essentially, *wellness* is an outcome influenced by choices and *self-care* is a preventive or intervention method to achieve wellness. Metaphorically, self-care is a recipe for a meal of wellness.

**RQ1: Current CES Doctoral Student Wellness**

The total wellness score includes: social self, physical self, essential self, coping self, and creative self, which consist of 17 factors: thinking, emotions, control, work, positive humor, leisure, stress management, self-worth, realistic beliefs, friendship, love, exercise, nutrition,
spirituality, gender identity, cultural identity, and self-care (Myers & Sweeney, 2014). A helpful way to think about these factors is akin to a Russian nesting doll. There is a large doll, total wellness, which consists of continually smaller dolls. Participants in this study scored higher than the norming group on all factors on the FFWEL-A2 (Myers & Sweeney, 2014). However, there should be caution generalizing this study based on the disparity of samples between this study (n=118) and the norming group (n=3,343; Myers & Sweeney, 2014). These results align with previous research using the FFWEL and the WEL that counseling and CES doctoral students experience higher total wellness mean scores than the norming group (Myers & Sweeney, 2014). Myers and colleagues (2003) also were surprised by this population (and counseling students in general) having higher mean scores than the general public and expected counseling students’ (for their study both master’s and doctoral) wellness scores to be lower. The expectation for this study was that overall wellness scores on the FFWEL-A2 would be lower than these results indicate. A possible explanation for this finding is: CES doctoral students may be exemplars of wellness, despite sacrifices for their program. Additionally, CES doctoral students may be well aware of what completing a degree requires and are therefore prepared to adapt to the sacrifices. Enrolling in a doctoral program is not an impulsive decision, it requires consideration and contemplation. CES doctoral students may take wellness sacrifices into account when deciding to enroll in their program. However, perhaps the benefits outweigh the sacrifices and these students understand that a doctoral program is temporary, so any wellness challenges are not disastrous or life altering. Essentially, short-term sacrifice for long-term gain could be a motivation. Personally, I introduced the idea of getting my doctoral degree as a three-year sacrifice for our plans. After these three years our life can continue. This clear minded
acceptance of sacrifice may be understood by doctoral students, so a hope that his program will end in the big picture may be an existing mindset.

**Social Self**

For this study, participant’s highest mean score was on the social self-factor. Social self scores were also highest in the sample in Perepiczka and Balkin (2010) and social interactions were emphasized by Gleason and Hays (2019) study about CES doctoral student wellness experiences. These results suggest social interactions may be a strength for current CES doctoral students because of their professional identity. CES doctoral students are expected to be trusting and self-disclosing with clients, supervisees, researchers, students, and peers. Essentially, through their work, CES doctoral students are comfortable engaging their social self. On important distinction is that comfort with social self does not mean that quantity is valued over quantity. That is, viewing CES doctoral students as having a strong social self does not mean that this population are spending time with people all the time. Instead, CES doctoral students are comfortable being open with other individuals but know that they can take time for themselves. Additionally, because counselor work often focuses on emotions, current CES doctoral students may be better at expressing themselves to others. This experience most aligns with the skill of paraphrasing, where counselors reword the content of client self-report back to them. CES doctoral students may utilize myriad ways of understanding phenomena and can explain it effectively.

**Physical Self**

Among social, physical, essential, coping, and creative-self mean scores on the FFWEL-A2, physical-self had the lowest mean score. This finding suggests that physical wellness may be
a challenge for CES doctoral students. A possible explanation for this finding is the sedentary nature of being a CES doctoral student. These students sit in class, in supervision, in front of a computer, across from a client, and in other meetings as well. Perepiczka and Balkin (2010) suggested that counselor educators can encourage doctoral students to be healthy role models. Gleason and Hays (2019) also reported that modeling, specifically exercising, was a theme of their research. The authors also cautioned against counselor education programs being too direct in their discussions about exercising. However, healthy is an amorphous term that does not translate the same to everyone. Exercise and nutrition, factors within physical self, contained the full range of scores (i.e., 25 to 100). What this finding suggests is that exercise and nutrition are more diverse than one concept of healthy. Even the wording of prompts on the FFWEL-A2 might focus too heavily on one ideal of health. Instead, CES doctoral students can think of their own preferences for exercise and nutrition. That is, some students prefer to run every single day and another student may prefer walking 4 times a week. One activity is not better than the other, and what CES students use is a matter of preference. Additionally, physical self, when compared to social, creative, coping, and essential selves, may be a sacrifice that CES doctoral students make within their doctoral program. This distinction is important, because these scores do not necessarily mean that CES doctoral students are poor at exercising or eating healthy. Instead, the intensity of a doctoral program may sacrifice the ability and desire to exercise and eat well. Two themes within self-care challenges were time and lack of motivation and energy. Exercise takes time and energy, so these barriers could explain this sacrifice.

Perhaps counselor educators can combine social self, which was a strength, with physical self as another way to encourage self-care. For example, letting students know about university-
based resources which may be useful for physical wellness. A context to consider when interpreting the physical-self factor is the stay-at-home orders due to COVID-19 that closed many gyms and parks. Reduced access to places where physical activity occurs may explain these scores. Perhaps CES doctoral students need different forms of encouragement to exercise and eat healthy. Stress eating may be an experience with which CES doctoral students struggle. CES doctoral students can explore other options for addressing their stress because stress eating can also be followed with some shame or guilt. Additionally, these students can understand that occasionally stress eating or eating an unhealthy snack is not a disastrous occurrence. Overall, CES doctoral students can remember that their diet and exercise regimen is personal. As a result, there is not a perfect way to be healthy and CES students can do what is best for them. One way to achieve this mindset is to not compare exercise or nutrition regimens with others. Each person has their own preference so a one-size-fits all approach to exercise and nutrition is not useful.

**Realistic Beliefs**

Realistic beliefs, the concept that perfection and being love by all are unrealistic ideals, had the lowest mean scores of any factor on this instrument. Perepiczka and Balkin (2010) also reported their sample also scored lowest on realistic beliefs, suggesting that this population may struggle with realistic beliefs because of how CES doctoral students view success. That is, success can be achieved by taking on too many responsibilities or curriculum vitae builders. CES doctoral students may believe that they should be taking every opportunity that arises, even at the sacrifice of wellness. The many roles that doctoral students are expected to fill may contribute to this result. CES doctoral students are expected to develop their educator, supervisor, leadership, researcher, and counselor identities. This typically means being involved in myriad projects and
obligations that can challenge wellness and self-care routines. A strong desire to be perfect may be another sacrifice that CES doctoral students make within their programs. That is, once they leave their CES program, they might not feel the need to be perfect. Additionally, CES doctoral students may have scored lower on realistic beliefs because wanting to accept many obligations and be near perfect to push themselves to succeed in their program. Anecdotally, completing a dissertation is an experience where self-care must be sacrificed just to achieve the task. This interpretation adds more credence to the idea that a CES doctoral program is a short-term sacrifice for long term reward, so any challenges expressed by participants may temporary not permanent.

However, this explanation does not incorporate the idea that CES students may have unrealistic beliefs before entering their program. Social self and being social were strengths for this population which could also explain the challenge of realistic beliefs. That is, CES doctoral students want to be close and trusting with as many people as possible because that is a wellness strength. If a CES doctoral student does not feel a connection with another person, they may feel frustrated because they want to be appreciated and close with everyone. Counseling and CES are social fields where feedback and suggestions are frequently made. That is, CES doctoral students may want to be appreciated by all because that could mean they received positive feedback and praise.

**Research Question Two: Relationship Between Variables**

Interpretations for the second research question focus on results from the Pearson Product-Moment Correlation. These data concerned the strength and direction that exists between the dependent variable, total wellness scores on the FFWEL-A2, and the independent
variables: years spent as a counselor and perceived CES program emphasis on wellness and self-care. The latter variable was only variable that displayed statistical significance.

**Years spent as a counselor.** This variable was not related to total wellness scores. Although years spent as a counselor is different from age, this finding is like that of Perepiczka and Balkin (2010), who reported no statistical or practical relationship between total wellness scores and age. The authors reported this finding negated Myers and colleagues’ (2003) hypothesis that wellness is related to how long individuals spends in counseling academia. This study further negates that hypothesis and no relationship was found between years spent as a counselor and total wellness scores on the FFWEL-A2. This idea that longevity is related to wellness seems to emerge from a folk belief about counseling. That is, a folk belief is an idea that is frequently presented without any support from literature. This belief may come from how counseling academia is structured. Essentially, licenses and levels of academic rank are granted based on experience and time which may influence this idea that longevity equals wellness. Logically, the opposite may be true because time and fatigue can deteriorate wellness and self-care plans.

Another reason this variable may not have produced any significance is that the frequencies of years spent as a counselor were primarily within 0-5 years at 56.8% of the sample. Further, years 2, 3, and 4 were the most frequent within that range at 11, 19, and 15 years, respectively. Although this variable was not statistically significant, these frequencies provided some insight about who enrolls in a CES doctoral program. Perhaps CES doctoral students are aware of the challenges when completing a doctoral degree and therefore want to complete their PhD close to completion of their master’s degree. As mentioned previously, completing a degree
sacrifices wellness (Pierce & Herlihy, 2013) and specific wellness areas. The closer a student is to their master’s degree completion, the more comfortable they may be with the sacrifices required for completing a CES degree. Many state licensing boards require around 2-4 years post-master's experience (or full-time hour equivalent) before becoming independently licensed so current CES doctoral students may enroll in programs with this goal completed or near completion. Over half of this sample had 5 or fewer years of experience, suggesting that potential applicants to CES program may come from this experience range.

**Perceived CES program emphasis on wellness and self-care.** Analyses regarding the other independent variable, *perceived CES program emphasis on wellness and self-care*, provided a statistically significant relationship. However, before discussing that I must explain the decision to combine variables. This decision was twofold: As mentioned previously, combining these variables reduced multicollinearity. Additionally, upon visual inspection of raw data, many participants responded identically to perceived CES program emphasis on wellness and perceived CES program emphasis on self-care. Wellness and self-care are often discussed in conjunction with each other, so much so that even participants talked about their self-care on this study, they discussed wellness. I attempted to mitigate this conjunction by providing different definitions on the instrument before answering the Likert scales, but that did not have the intended impact. Regardless, perhaps this illustrates that counselor educators or CES doctoral students themselves are understanding these concepts as a process akin to the metaphor I used previously: self-care is a recipe and wellness is a meal.

The results of a Pearson Product-Moment correlation yielded an unexpected relationship: The combined variable of perceived CES program emphasis on wellness and self-care had an
inverse relationship with total wellness. This result, to my knowledge, is unprecedented and has tremendous implications for counselor education. Based on previous studies that discussed how CES doctoral students wanted more support from their programs (Gleason & Hays, 2019; Holm et al., 2014; Pierce & Herlihy, 2013; Trepal et al., 2014) I expected program emphasis to be positively related to total wellness. Perhaps this result puts focus on the self-portion of self-care. That is, if students perceive the program does not emphasize wellness and self-care, their goal is to be well and practice self-care despite what they believe the program demands. What this finding means for CES doctoral students is to remember that they are the primary force behind wellness and self-care. CES faculty and programs can only do so much to emphasize these approaches, the students must practice on their own. Further, increased awareness of self-care and/or wellness needs through program emphasize might not be as positive as expected. That is, the idea that CES programs discussing wellness and self-care helps their CES doctoral students may be counterintuitive. For example, a CES program may host a self-care gathering for CES doctoral students. This gathering takes time away from completing assignments and obligations that are required by the CES program. Therefore, stress increases and wellness decrease because the program emphasized wellness. This example, while hypothetical, demonstrates how the perception of wellness and self-care emphasis may be counterintuitive.

Additionally, this result may suggest one-size-fits-all approaches to encouraging self-care may discourage self-care practice instead. Perhaps this may be counterintuitive because emphasizing wellness and self-care strongly removes the agency that CES doctoral students have in their own wellness and self-care regimen. Essentially, if CES doctoral students are frequently reminded that they need to practice self-care, while simultaneously not having time to practice...
self-care, they may develop some characteristics of learned helplessness. That is, feeling like their career will sacrifice their wellness and self-care so there is no need to practice these concepts again. Some CES doctoral students may appreciate being reminded to practice wellness and practice. For others, the reminder that self-care and wellness need to be practice might introduce shame and guilt. A hypothetical example: A CES doctoral student hears their professor mention that students should not forget to practice self-care and wellness. Instead of feeling motivated, they feel frustrated because they cannot practice due to time or other constraints. Therefore, the professor’s emphasis may be perceived as empty words and exist only to make the professor feel better about themselves. Another potential explanation is participants may already have strong self-care and wellness routines that do not need emphasis from faculty. One explanation for these results, while drastic, could be that CES doctoral students feel like their relationship with their program, is oppositional. Specifically, that their program is competing with them and CES doctoral students succeed by practicing their own self-care against their program. As mentioned previously, completing this degree is viewed as hazing and there may be a perception that wellness sacrifices are just another part of completing this degree. That is, if a program does not emphasize self-care and wellness but does require significant coursework, a CES doctoral student may believe that they cannot let their program control them. In turn, CES doctoral students may decide to practice self-care in opposition to their school requirements. Essentially, if wellness and self-care are not emphasized by the CES program, doctoral students may believe that their program does not care about them and therefore must practice self-care and wellness on their own. This interpretation is extremely counterintuitive to perceptions about wellness and self-care. Perhaps CES programs need to be more trusting of their doctoral students.
to do what is best for them. Essentially, treat these students like adults because they made it thus far in their lives so they can make their own decisions. Of course, this interpretation does not suggest that CES faculty and programs abandon concern for their students. Instead, they can understand that CES doctoral students can make their own decisions without over emphasis.

**Research Question Three: Predictor and Outcome Variables**

Research question three focused on the results of a multiple linear regression. The outcome variable, total wellness on the FFWEL-A2, was tested against the predictor variables: years spent as a counselor and perceived CES program emphasis on wellness and self-care. As mentioned in Chapter 4, these predictor variables only accounted for 12% of variance in total wellness scores. Essentially, there are more predictor variables that may explain and predict wellness which can be explored by future researchers. *Years spent as a counselor* was not a statistically significant predictor of wellness. I also expected this variable to be predictive, but it was not. This study, combined with that of Perepiczka and Balkin (2010), lends credence to the idea that *longevity as a counselor* is not a wellness predictor or protector. As with RQ2, this analysis challenges the idea that longer is better because CES doctoral students with less than 5 years of experience might feel *fresher* and have not been fatigued by practice within the field.

Conversely, perceived CES program emphasis on wellness and self-care was a statistically significant predictor. Previous studies, using the WEL and FFWEL, tested age, matriculation, relationship status, gender, and cultural background but did not find these variables to be statistically significant (Myers et al., 2003; Perepiczka & Balkin, 2010) To my knowledge, this study is the first to find a statistically significant predictor variable for total wellness scores on the FFWEL-A2. This finding means that as *perceived CES program emphasis*
on wellness and self-care increased, total wellness scores decreased. This result challenges perceptions about what variables can predict wellness. One possible explanation is that faculty or CES programs emphasizing self-care increased awareness which led to discomfort. Perhaps, the more a CES doctoral student perceived their program emphasized wellness and self-care, this student would think about their own wellness and self-care deficits. As a result, their perceived wellness decreases. The inverse experience could also happen where a CES doctoral student does not experience awareness of their challenges because their CES program does not emphasize wellness and self-care. This finding suggests that awareness, although identified as strength by participants when discussing self-care, may not be as positive as believed. As mentioned previously, CES doctoral programs require time commitments and time is a barrier to practicing self-care. The program’s emphasis on wellness and self-care may be irrelevant if a student has no time to practice these concepts. Further, if a CES doctoral student is reminded frequently by their program to practice wellness and self-care, it may seem like just another obligation that must be met. Therefore, the self-portion of self-care is lost because they must meet an external deadline. For example, if practicing wellness and self-care is a homework assignment a CES doctoral student may be aware that they must complete this homework. Essentially, if self-care or wellness is homework, the motivation for this activity is external, not internal. The CES doctoral student then learns that others must give them reminders to practice self-care and wellness. Instead, CES doctoral students may benefit from being internally motivated to practice wellness and self-care. Another possible explanation is that CES doctoral students experience sufficient wellness levels, so not emphasizing wellness and self-care effectively is not harmful. CES doctoral students may be sanguine about their wellness and self-care because they know what
completing a doctoral degree entail. Of course, I am not suggesting that CES programs abandon emphasizing wellness and self-care. The most salient reason to continue emphasizing wellness and self-care is that this variable measures how CES doctoral students perceive emphasis. CES faculty could believe that they are emphasizing wellness, but CES doctoral students do not share the same view. Additional, faculty can be more explicit in their wellness and self-care modeling. For example, faculty specifically indicating that they are engaging in a certain behavior to emphasize their own wellness and self-care may be helpful for CES doctoral students.

**Research Question Four: Self-Care Experience**

Research question four responses were grouped based on whether were described as a strength or a challenge. The themes for self-care challenges were time, lack of motivation and energy, guilt, perceptions of discrimination, lack of social support, COVID-19, financial constraints, and personal mental health experiences.

**Self-care strengths.** These named themes also contained sleep, exercise, nutrition, spirituality (both individual and social), and hobbies as subthemes. The dichotomy between individual activities and social activities revolved around who is involved in an activity. What this dichotomy suggests is that CES doctoral students use self-care strategies when considering who, what, and where is involved. Strengths are personal and dependent on each CES doctoral student’s own preference.

**Individual activities.** This theme included self-care activities that were completed individually. Specifically, this theme includes activities where individuals choose to use a preferred self-care method by themselves.
Sleep. Sleep also emerged as a self-care preference within this study. One area that emerged from these data was using a sleep regimen to prioritize sleep. A sleep regimen included limited technology use, achieving a certain amount of sleep (in hours), or sleeping even when work was unfinished. What these findings suggest is sleep is important and can be prioritized by CES doctoral students. Sacrificing sleep may hurt a CES doctoral student’s ability to engage in their myriad roles. According to the Center for Disease Control (CDC), 35% of adults in the U.S. get fewer than 7 hours of sleep a night, which is considered short sleep duration. Some participants, who listed sleep as a strength, reported achieving less than 7 hours of sleep a night. This finding suggests that CES doctoral students may not have enough time or information about what effective sleep schedules are. The challenge of this self-care intervention is that sleep regimens can be personal, the amount of needed sleep is specific. The CDC’s guideline for 7 hours or greater is specific and may be useful for CES doctoral students to practice and be social with others.

Spirituality. Spirituality, when used individually, was described by participants as consisting of prayer, yoga, and meditation. When participants described these activities, they focused on connection to something greater than themselves, including a higher power. This connection drove their purpose and meaning, which was viewed as a strength. Spirituality is immensely personal and making it difficult to apply broad suggestions. The challenge with encouraging spirituality is the religious aspect that can be triggering or traumatizing for certain CES doctoral students. Being too forceful in spirituality discussion can be disastrous and exclusionary for CES doctoral students. Instead, what CES doctoral students can do is embrace the diversity of what spiritual practice means. For some, spirituality is praying to a deity and for
others it is meditating. CES doctoral students can understand that their spiritual routines are not always comparable. CES doctoral students practicing spirituality is also as needed because daily affirmations are helpful for some while occasional meditation is useful for others. CES doctoral students can focus on what they hope to achieve by being individually spiritual.

*Exercise.* Various forms of exercise, including walking, running, weightlifting, marathons, triathlons, and swimming were all discussed as exercise strengths. Like sleep when participants discussed exercise, prioritizing their needs, or focusing on a regimen mattered. This regimen could include setting daily or weekly time goals, such as 30 minutes a day or 5 days a week. Establishing structure for these activities helped those participants prioritize their exercise. Additionally, focusing on the positive outcome seemed beneficial for some participants. What these findings might suggest is CES doctoral students, who want to exercise more, can introduce structure and regimens. As with other self-care areas, their regimen can be personal. Simple decisions like taking the stairs can be useful. One challenge for this self-care intervention is the assumption of ability. Some CES doctoral students may not have the physical ability to practice certain exercise activities. In turn, they may feel guilty about their perceived inability to fit exercise guidelines. Exercising is not a one-size-fits all approach, and CES doctoral students can explore what activities work best for them.

*Nutrition.* Nutrition was a strength that some participants used individually. Like exercise, for some, healthy eating is a routine or regimen that included meal prepping or ensuring that healthy meals are consumed daily. When nutrition is a strength, it is a choice that participants used to prioritize their health. Their own perception of health is what matters within this context because choices are what matters. Choosing to plan meals or eat a healthy snack, for
example, are choices that can be made. Additionally, sticking to a diet that allows for indulgences may also be useful as well. A challenge that some participants experiences with eating healthy is stress eating and access to unhealthy foods. When healthy meals are not planned, CES doctoral students may find comfort in reaching for foods considered unhealthy. These findings suggest that planning to have healthy snacks or meals when stress is expected to be increased may be helpful. However, defining healthy snacks and meals are dependent on personal context. A challenge within nutrition, and exercise for that matter, is that what is considered healthy and unhealthy seems dichotomous. Without nuance into what is considered healthy, there may be immense pressure to eat healthy which turns into guilt if healthy eating is not achieved. This experience may be mitigated by CES doctoral students allowing themselves indulgences.

**Hobbies.** On the FFWEL-A2, leisure is described by Myers and Sweeney (2014) as partaking in an activity where time stands still. Hobbies were a self-care strength that included listening to music, woodworking, baking, cooking, reading, and leisure activities. Hobbies are another area that depends on personal preference. Hobbies are an opportunity for CES doctoral students to choose how they engage in self-care. A CES doctoral student may want to read, listen to music, or cook/bake depending on their mood, location, and access. One unexpected finding is how participants discussed the catch-all concept of leisure as a self-care strength. What surprised me about this result is the expectation that participants would be universally specific about their intervention preferences. This unexpected result makes sense though because self-care hobbies cannot be used in all situations. For example, I enjoy listening to music as a self-care activity, but I prefer vinyl records which need a turntable and speakers. During class or at work, I cannot
utilize this self-care activity so I must rely on others. CES doctoral students can remain open to a variety of self-care experiences that can be used in different places.

**Social activities.** This theme included self-care strengths that participants reported completing with others. Friends, family, and peers were a category for this theme. Additionally, spirituality was considered a subtheme that included spiritual activities that included a community.

*Friends, family, and peers.* Unsurprisingly, engaging with friends, family, and peers was a strength for CES doctoral students. This result was also found on social factors (i.e. love, friendship) on the FFWEL-A2 suggesting that CES doctoral students excel with social concepts. For participants, friends, family, and peers formed support structures that can aid CES doctoral students. Once again, who participants included in their support system depended on personal preference. Some preferred their family, others their spouse, and for some even their doctoral peers. As with other self-care areas, CES doctoral student’s preference for who they spend time with is based on preference, time, and access. Time and access can limit participant’s ability to practice their desired social self-care needs. Perhaps, CES doctoral students can acknowledge that their social support is there when needed, even if they cannot spend as much time as desired.

*Spirituality.* Spirituality, as a social activity, consisted of participants engaging in religious observances. These observances connected participants to a higher power and social traditions. Specifically, feeling comfortable when observing a religious routine may be a useful way to achieve spiritual wellness. However, not every participant experiences spirituality in the same way. Traditions are not always welcoming to all groups, which can obstruct spiritual practice for excluded groups. Creating the space for accepting spirituality and religious practice
may be useful for CES doctoral students’ wellness because spirituality preferences vary depending on the individual. One preference CES doctoral students may have is not wanting to practice any religion. These students should not be forgotten when thinking about practicing spirituality socially. Instead, activities like spending time outside with others or attending spirituality classes like yoga or meditation can be useful.

**Awareness.** Awareness was another theme within self-care strengths, which consisted of acknowledging wellness needs and implementing self-care. Self-Awareness was also a finding within Gleason and Hays’ (2019) study with CES doctoral students. When certain participants discussed their strengths, they classified their awareness of “unmet needs” or an “unwell” state of being as a strength because these individuals could apply self-care. That is, they noticed that their outcome, wellness, was less than desired so they could, therefore, implement a self-care intervention. However, I believe this relationship may be oversimplified in these data. That is, being aware that self-care is needed is not a guaranteed pathway to practice. Instead, CES doctoral students may wish that they could practice more self-care but cannot because of their obligations. Additionally, awareness that self-care is needed could have an opposite intended affect because guilt may obstruct this process. CES doctoral students may believe they have to keep working until tasks are complete, eschewing self-care. Instead using awareness to introduce preferences may be useful because what works for one CES doctoral student does not work for every student.

**Overcoming guilt.** Participants described reducing and overcoming guilt as strength. Primarily, what these findings around guilt suggest is that understanding how to practice self-care without guilt is a process. Some of the challenges with guilt may derive from the constant
drive to be better and succeed CES doctoral students can experience. Perfectionism may be a problematic state of mind when complete a doctoral degree. This mindset was also discussed when analyzing realistic beliefs, which may be a challenge for CES doctoral students. Perhaps overcoming guilt about self-care and letting go of perfectionism is a part of the degree completion process. Guilt may be the unforeseen challenge that CES doctoral students need to overcome before they complete their degrees. Essentially, overcoming guilt is a hidden piece of coursework because if CES doctoral students do not learn to let go of self-care guilt, they may struggle as a faculty member or supervisor. Learning to say no may be a pivotal part of this process because doctoral training does not have to be perfect. Fear about saying no to faculty or obligations may originate from internal competition to be the best. CES doctoral students may enroll in their programs because they have been told or believe that they are competent enough to complete a doctoral degree. If a student says no to an opportunity, they may believe that they are letting themselves and their mentors down. Additional responsibilities and obligations that build a CV may also inhibit self-care practice by consuming time. CES doctoral students can overcome guilt by remembering that they are deserving of wellness and self-care. That is, all the obligations and requirements of schoolwork, jobs, and other life roles are only part of the student process. Wellness and self-care are integral to these processes as well and should not be ignored.

**Challenges/barriers.** When participants discussed their self-care challenges several themes emerged: time, lack of motivation, and energy, financial constraints, COVID-19, experiences of discrimination, and personal mental health experiences. For some participants, it appeared that list and describing their self-care challenges was an opportunity to vent their frustrations. Responses to these prompts for some were longer than their responses to their self-
care strengths. What this experience might suggest is that CES doctoral students might focus too heavily on their challenges. Additionally, this self-care prompt may have been an opportunity for participants to describe why their program does not emphasize self-care or wellness. Wellness and self-care routines are sacrificed for completing a program and need to focus blame on someone or something. Their CES program fits this role because it is perceived as the cause for wellness and self-care challenges.

**Time.** A barrier to practicing self-care and engaging in leisure was time. This barrier was the most frequently discussed by participants. Pierce and Herlihy’s (2013) study about mothers in counselor education reported time as a substantial sacrifice. Specifically, time for self, friends, and family were sacrificed. Participants within this study mentioned time as a barrier when combined with the other roles and responsibilities. That is, work (one or multiple jobs), parenting, and other social engagements. Self-care is sacrificed when time is limited. Sleep, social engagements, spirituality, and healthy eating were all activities that can be sacrificed. Attending classes and completing homework is a time commitment. Perhaps time is a barrier to self-care, but CES doctoral students understand that their time sacrifice is perceived as a short term outcome. Essentially, CES doctoral students do not have time during their program but will have time when they are completed. However, CES faculty may challenge this notion. Instead, focusing on time management might be useful to address time constraints. To mitigate this, counselor educators can discuss or encourage time management within CES courses. For example, starting or finishing class by having students plan out their weeks and being sure that self-care is included within the schedule. Another useful suggestion for counselor educators is to be flexible with deadlines and due dates to accommodate CES doctoral student’s lack of time.
Holm and colleagues’ (2014) participants suggested doctoral programs be flexible with important curriculum-based timelines (i.e., dissertation, candidacy). This suggestion may be a challenge due to academic structures that can be inflexible, so counselor educators and CES doctoral students can advocate for deadline adjustments. Arbitrary deadlines that put pressure on CES doctoral students to practice wellness and self-care can be challenged and removed, if possible. This removal would allow CES doctoral students to focus on their own development instead of deadlines that do not mean as much in the big picture.

**Lack of motivation or energy.** Participants who mentioned not having energy to complete self-care often described this experience as a by-product of limited time. That is, participants may find time to practice self-care, but they do not have the energy. This challenge seems inherent within completing a doctoral degree. After a day, or week, or exhaustive schoolwork and other obligations CES doctoral students might not have anything left to direct towards self-care. Additionally, if they do find time practice self-care, they may rely on quick and easy methods which can bring their own challenges (i.e. stress eating). CES doctoral students can reframe this challenge by understanding that self-care can include any activity. Although a CES doctoral student may prefer to read or exercise, getting an appropriate amount of sleep is also a self-care method.

**Perceptions of discrimination.** One barrier that emerged for some participants were their perceptions of discrimination. As data were collected, a white police officer murdered George Floyd. This heinous act sparked worldwide demonstrations, pushing the Black Lives Matter movement into the mainstream. Some participants mentioned fearing for their lives and/or the lives of loved ones because of their racial identity. How can students focus on their self-care and
wellness when their very being is targeted by discriminatory institutions? Specifically, the
cultural pervasiveness of white supremacy is a threat to safety. Safety, according to Maslow
(1954), is the second concern on the Hierarchy of Needs. If safety is a concern, then love,
belonging, esteem, and self-actualization may be unachievable or difficult.

An overwhelming majority of this sample identified as Caucasian, so these participants’
white privilege may shield them from experiencing the same fear and distress when an incident
like the murder of George Floyd occurs. However, most responses on this study were collected
before the George Floyd murder so some discussion about discrimination occurred before this
event. Discrimination is omnipresent for certain CES doctoral students. Conversely, white CES
doctoral students may only be reminded about these concepts when a horrific murder occurs.
Black Lives Matter (BLM) seems to have become mainstream during the past few weeks.
Additionally, representation was also an element within this theme. An individual of color might
not have as many resources that understand their experience. As a result, there may be deficits in
wellness and self-care because this experience is isolating. Discussions and emphasis around
discrimination and representations cannot be empty words and must go beyond symbolic
gestures. A CES program emphasizing self-care and wellness may not matter if this same
program has not emphasized diversity and representation with their hiring and enrollment
practices. Poor representation was not just discussed by participants of color, but also by
members of the LGBTQIA+ community as well. CES doctoral students can contribute in
political actions that CES doctoral students can strive for equity because all students deserve to
feel safe and able to practice self-care and wellness. All CES doctoral students can address these
concerns by engaging in social justice advocacy.
COVID-19. As mentioned previously, COVID-19, also gripped the world as these data were collected. Through these data, COVID-19 emerged as being a barrier to preferred self-care methods as opposed to being a wellness challenge itself. Closures of gyms and social places (like concerts, restaurants, churches) prevented participants from activity elements of their exercise, nutritional, spiritual, or social self-care interventions. This pandemic certainly challenged participants by limiting their access to their needs. In these moments, CES doctoral students may benefit from adjustment and adaptation. Additionally, COVID-19 may present holistic challenges to CES doctoral students that may not have been fully encapsulated within the FFWEL-A2. A global pandemic on this scale is unprecedented for many CES doctoral students. Almost immediately, some CES doctoral students had to adjust as stay at home orders were implemented in states across the United States. There is no way that I could have predicted COVID-19 occurring during this research. However, because it did infiltrate this research, it provides a context for viewing wellness and self-care. COVID-19 was mentioned as a barrier to practicing self-care, but it is also a barrier to practicing wellness. The very nature of respiratory pandemic can harm holistic wellness by infiltrating myriad areas. CES doctoral students’ safety is challenged by this pandemic and that cannot be covered solely by factors on the FFWEL-A2. Further, this pandemic presents a challenge because anxiety around getting sick may not disappear until a vaccine is introduced, which has not happened as of this writing. Therefore, CES doctoral students may be stuck fearing for their safety and be unable to practice self-care and wellness.

Guilt. One reason I expected to see lower wellness scores is, anecdotally, hearing the stories of guilt about taking a break when there is doctoral work to be completed. This concept
was displayed in both the self-care results and within the FFWEL-A2. Leisure includes being able to set aside work without feelings of guilt. Although participants stated guilt as a barrier in their written self-care responses, data from the leisure factor on the FFWEL-A2 contradicted those data. What possible explanations exist for this contradiction? I believe the answer exists in the differences between wellness and self-care. As mentioned previously, wellness is, metaphorically a meal. Wellness is a state of being and feeling guilty about wellness applies to the person. Self-care, on the other hand, is defined as a means to a wellness end, a recipe or behavior that is implemented to put together the meal. CES doctoral students can explore why they may feel guilty about self-care. That is, challenging the belief that putting their needs first is selfish may be a helpful first step. Learning to limit feelings of guilt matters at this stage of their academic career because CES doctoral students need to be self-sufficient in their wellness and self-care in their future careers. CES faculty members may not receive reminders to practice self-care or wellness, so they must be able to do so without guilt.

Lack of social support. For this theme, participants described their frustrations with perceiving a lack of social support. CES programs were mentioned as being unsupportive for their doctoral students. Stress and other frustrations may arise from the CES doctoral program, so not receiving support only compounds these negative feelings. The feeling of isolation may also create bitterness and resentment directed towards the program. Another challenge with social support is that those around CES doctoral students may not fully understand what it means to complete a doctoral degree. Explaining what completing a dissertation means to someone who has not completed a dissertation is a challenge. Essentially, a student is stressed because of their doctoral program but their support system may not understand, furthering compounding stress.
**Expectations.** Expectations, both external and internal, can heap stress and self-care challenges on CES doctoral students. Many CES doctoral students are pulled by expectations including work, school, and life roles. The challenge mentioned by participants is that when expectations pile up, self-care is sacrificed. This concept is similar to guilt, in that the CES doctoral student must meet their demands before taking time for themselves. CES doctoral students can address their expectations by understanding that self-care and wellness can part of the cycle of expectations. That is, to be fully prepared and sanguine about meeting expectations, self-care is used. For example, each night I charge my phone when its battery is low to be used the next day with a full battery. CES doctoral students can understand that self-care is a way to charge their battery so that they can be fully effective with their expectations. The expectations of jobs and doctoral programs are not going away, so finding a way to practice self-care despite these expectations is needed.

**Financial constraints.** Another barrier to practicing self-care was participants being limited by their finances. Experiences ranged from wanting more money to travel to worrying about paying bills. One area that participants discussed within this barrier is the poor pay within the field. CES doctoral students must sacrifice time for their degrees, which make it more difficult to find time to work. Conversely, if CES doctoral students can make time for work to make more money, then there is limited time for self-care. Unfortunately, counseling and CES fields are generally considered to not pay as well as other fields. CES doctoral students may experience financial constraints even after their degree is completed. Budgeting and money management can all be useful ways to increase awareness of finances and spending.
Personal mental health experiences. Another barrier mentioned by participants was their own personal mental health experiences. Anxiety, for example, is one such barrier that can make practicing self-care difficult. I expected to see a more frequent discussion of substance use, but that was not the case because substance use was only mentioned as a challenge twice. Perhaps participants did not feel comfortable discussing their substance experiences via survey.

Conversely, CES doctoral students may be aware of their own personal mental health challenges and therefore may be able to address them before their doctoral program begins. Their CES doctoral program may amplify these challenges with mental health, so prioritizing their needs may be helpful to reduce challenges.

Implications

This study has implications for CES doctoral students, CES faculty, CES programs, and research. Implications for CES doctoral students include viewing wellness as a holistic endeavor, practicing their preferred self-care methods, encouraging themselves and peers to practice social justice advocacy, and letting go of guilt about practicing self-care. Counselor educators can fuse wellness and self-care into their course material, encourage social justice advocacy projects, and continuing to emphasize wellness and self-care. Implications for CES programs are to create wellness-related doctoral courses and standards criteria.

Implications for CES Doctoral Students

Results on this study suggested that, as with previous research (Myers et al., 2003; Perepiczka & Balkin, 2010), current CES doctoral students experience wellness measured by the FFWEL-A2 (Myers & Sweeney, 2014). Essentially, CES doctoral students experience above average levels of wellness. Generalizing this result should be done with caution because of the differences between this sample’s size (n=118) and that of the focus group (n=3,343). That is,
more participants allow for diverse scores that impact the mean. Focusing on this sample, *social-self* emerged as the strongest wellness factor and physical self as the most challenging. This finding is a reminder that wellness is a holistic process where strengths and challenges occur. CES doctoral students can explore specific wellness areas to understand their holistic wellness. When analyzing their holistic wellness, CES doctoral students can remember that wellness is strengths and choice based. That is, if a student perceives that they struggle with physical wellness, they can incorporate their strengths and adjust their choices to increase their perception of physical wellness.

**Suggestions for wellness and self-care areas.** *Social self,* specifically love and friendship within this factor, emerged as the strongest area for this population. What this finding may suggest is CES doctoral students' experiences within their social self are integral to their holistic wellness. Through the nature of their profession, CES doctoral students feel comfortable being trusting with others. Essentially, CES doctoral students’ profession may help them be well in one area. Additionally, a reminder for CES doctoral students is to understand that their wellness and self-care routines are unique and should reflect their personal needs. That is, while social self is a strength, they can still make choices about how they will be socially well. One choice is balancing wanting to be close with others with their own personal needs. Self-care and wellness should not be sacrificed for the needs of another individual.

*Physical-self* mean scores were lower than social, creative, coping, and essential-self mean scores. Due to the sedentary nature of counselor education, CES doctoral students may struggle to find adequate time and space to engage in physical activity or healthy eating.
However, low scores on this factor could present a dichotomous challenge for this population. CES doctoral students may be practicing high levels of awareness that they need to increase their physical activity or healthy eating. This increased awareness, however, could present a challenge if CES doctoral students internalize their physical-self shortcomings and perceive themselves as lesser than those that engage in health physical self. Suggestions for this category put forth by Gleason and Hays (2019) highlighted how faculty can model effective physical activity and exercise. This population, due to their awareness, could benefit from taking the initiative to be involved in physical activity or healthy eating by setting goals. Some universities offer clubs and recreational spaces that CES doctoral students can utilize. Another potential suggestion is using their wellness strengths, social engagement, to address physical wellness challenges. For example, CES doctoral students could form pairs or groups that focus on physical wellness for wellness multitasking (i.e. engage in multiple wellness areas at once). One theme in self-care data, when discussing challenges, was perceptions of discrimination. A suggestion is for all CES doctoral students to focus on advocacy and social justice causes, which are encouraged by the counseling field. Collaborating on social justice causes is a way to form a strong bond with other doctoral students and strive for equity as well. By engaging in social justice activities, CES doctoral students communicate that they care about the needs of their peers and society. Through these activities, CES doctoral students may also develop a greater sense of community and self.

Overall, CES doctoral students can remember that self-care and wellness are personal. Only the student can identify their own needs and preferences. This task can be achieved by taking an inventory of needs and wants to acknowledge what matters within their wellness and self-care routine. One reminder is that which wellness areas are important depends on the
individual. For example, some participants in this study might have lower spirituality scores than their peers, but that does not necessarily mean there is a problem. Instead, some students may need less spiritual engagement than their peers, which is all part of the wellness and self-care process.

**Guilt and awareness.** Realistic beliefs, the idea that being perfect is unrealistic, emerged as a challenge for this study. Further, how CES doctoral students experienced Perepiczka and Balkin (2010) mentioned how this area was also a challenge in their study as well. These findings suggest that CES doctoral students may struggle with unrealistic beliefs and perfectionism. Gleason and Hays (2019) suggested faculty members discuss how doctoral students can understand a realistic balance between work roles. At a student level, with increased awareness, there may be reduced or increased guilt. How CES doctoral students can use awareness to feel less guilty is to assign importance to their own needs. CES doctoral students are required to focus on others as part of their profession. Some students may incorrectly assume that by focusing on others (clients, supervisees) they must neglect themselves. This mindset is not the case because there can be balance between the needs of self and others. A way to balance personal needs is understanding exactly what kinds of wellness and self-care are needed. Establishing effective boundaries, like not responding to emails on weekends or scheduling meetings during meals and/or breaks, can help CES doctoral students prioritize their needs and still help others.

CES doctoral students can overcome their feelings of guilt when practicing self-care in myriad ways. One way is conducting a cost benefit analysis whether ignoring self-care at a moment is more beneficial or harmful. For example, a CES doctoral student can stop work and
make sure they get enough rest because they understand that experiencing limited sleep could have long term effects. The benefits of getting sleep, in this instance, outweigh the costs. Another way a CES doctoral student can overcome guilt is by acknowledging that they are imperfect. Mistakes or missed opportunities are going to happen, so ruminating on these experiences is not helpful. Instead, acknowledging that choices can be adjusted as needed. This method connects back to the self-care and wellness metaphor (i.e. recipe and meal). Sometimes a wellness meal is not as enjoyable, but it still provides some level of nourishment. CES doctoral students can also adjust their recipe to improve their wellness meal. A flexible wellness and self-care plan is positive and CES doctoral students can adjust as needed.

Implications for Counselor Educators

One area where CES faculty can assist in doctoral student wellness and self-care is by incorporating these elements into course material. Gleason and Hays (2019) encouraged faculty to incorporate the indivisible-self model of wellness within doctoral classes to discuss wellness and related studies. An important distinction with this suggestion is that a discussion of wellness and self-care occurs. Discussing these concepts may be useful because that allows CES doctoral students to express their strengths and acknowledge their challenges. Further, in class discussion about wellness and self-care could create space for CES doctoral students to vent their frustrations. This type of classroom activity helps these students understand their own agency in wellness and self-care.

Previous research suggested that faculty modeling and mentorship were key factors to wellness within this population (Gleason & Hays, 2019; Pierce and Herlihy, 2013). There could also be the perception that modeling, and mentorship consist of empty words that faculty present
in order to meet the requirement of discussing these concepts without being authentic. A suggestion for faculty is to use wellness and self-care discussions as resource and experience focused. If faculty only focus on what experiences they have, CES doctoral students may struggle with their own wellness agency and self-care. That is, highlighting what resources are available at a university, department, and program level for practicing self-care and wellness can help CES by encouraging holistic wellness and self-care autonomy. Faculty can encourage students to identify and incorporate campus or student resources to their benefit. One challenge with the results of this study is that no matter what counselor educators do, they may still be viewed as oppositional because they are assigning the work and requirements. When stressed or frustrated, CES doctoral students may look for someone to blame, so why not blame faculty who assign extensive course work. To reduce this frustration, faculty can discuss their own doctoral program experiences. Faculty experience wellness and self-care of their own, so perhaps their own awareness will aid in CES doctoral student wellness.

CES faculty can also encourage doctoral students to engage in social justice advocacy projects. CES faculty can even collaborate with their students on these projects. Faculty who engage in these projects communicate to doctoral students that they genuinely care about how their students and their safety. In turn, the students may believe that they can rely on the faculty member. An important reminder for CES faculty is that this study highlights how some previously conceived wellness and self-care notions may be counterintuitive. Faculty discussions of wellness and self-care should not be one-size-fits all. Instead, faculty can adjust and adapt to the needs of their students by conversing with students.

Implications for CES Doctoral Programs
CES doctoral programs can also benefit from the results within this study. For this study, over 50% of the sample had five or fewer years of experience. These results may provide insight into who applies to and attends CES doctoral programs. Wellness course, workshops, webinars, and trainings may all be useful. Further, CES doctoral programs can more directly advertise student amenities that might help CES doctoral students practice self-care. For example, social and athletic clubs can be mentioned as an option for doctoral students. Programs wanting to recruit potential applicants could advertise to individuals who meet this experience criteria. CES doctoral programs can also advocate for wellness content or courses to be include in CACREP standards. Most participants in this study are not required to take a wellness related doctoral course, so piloting and implementing a wellness related doctoral course could be an option. Additionally, wellness can be included in program criteria and standards through student handbooks, program activities, and even applicant screening. These suggestions are not a guarantee that CES doctoral students will practice wellness, but they may signal to incoming students that wellness is something the program encourages and takes seriously.

**Implications for Research**

This study contained implications for research as well, specifically for the FFWEL-A2. For example, experiences of institutional, structural, and personal discrimination were not captured by this instrument. Essentially, without the open-ended self-care data, discrimination would have been missed. There may also be a Caucasian bias to this instrument because cultural, local, and institutional contexts are discussed in terms of safety without elaboration. The scale of cultural identity cannot fully capture what discrimination or prejudice means to an individual. There are myriad reasons someone may feel unsafe in contexts. A question or prompt that specifically addresses perceptions of discrimination for racial/ethnic, gender, sexual orientation,
ability, and other protected identities may be beneficial. Additionally, approximately 70-80% of data were collected when the murder of George Floyd occurred, predating some discussion on this study of perceptions discrimination. Therefore, this study cannot address this issue in depth, limiting the discussion about discrimination further. Another context that was not entirely captured by the FFWEL-A2 was the context of a global pandemic. Once again, without self-care data, the complexity of the COVID-19 pandemic would have been missed. This pandemic presents holistic challenges to wellness that are not captured by these factors. COVID-19 can cause anxiety, economic distress, and other mental health challenges. These complexities were not fully captured by the instrument, meaning the picture of wellness in the context of a global pandemic is incomplete. The inability to capture the holistic nature of discrimination and COVID-19 is a problem best described by Maslow’s (1954) Hierarchy of Needs. Safety concerns are the second level of the hierarchy. Perceptions of discrimination and COVID-19 present challenges to personal safety, so wellness and self-care needs may not be prioritized because safety is a concern. Constant worry about safety is important to capture when discussing wellness and needs to be included within any future discussions about wellness during this time.

**Personal Process of Conducting Research**

My expectation of lower total wellness mean scores was influenced by personal self-care and wellness struggles as a CES doctoral student, prompting me to create this dissertation as a “tribute” to better understanding that process. In fact, a song whose title is “Tribute,” by the rock band Tenacious D, was influenced how I conceptualized this dissertation. The song is a “tribute” to the “greatest and best song in the world” (Black & Gass, 2001) yet the song tribute is not that greatest song in the world, but instead is a humorous one-step-removed tongue-in-cheek
“tribute” to that other song, with the irony being it is a meta-song, a song about the world’s greatest song but is not that great song, just a tribute to it. The song’s tongue-in-cheek meta-level parallels what I experienced in conducting this study about wellness; ironically, to complete a dissertation about wellness required me to forsake my personal wellness. Essentially, I wanted to create this dissertation about wellness to focus on my own wellness, as a tribute.

I had a personal perception that CES doctoral students struggle with wellness, overall, this population experiences positive wellness. This study allowed participants to describe some of their self-care strengths and challenges, expecting open-ended responses would help participants feel comfortable to be honest about their wellness. Current participant CES doctoral student wellness scores may be an indication that counselor education programs are selecting applicants who have higher wellness levels.

Through this project, I developed a greater understanding of how I experience and practice self-care. I am reminded that I need to prioritize my needs. I obsessed, at times, about certain projects or emails that I needed to complete, and these obligations distracted me from self-care and wellness. My primary lesson is I need to be forgiving of myself when self-care or wellness does not happen how I want. I too often searched for the perfect self-care method that would eliminate all stress instantaneously. This self-care method does not exist, or if it does, I have not discovered it yet. Instead, I can focus on how reducing my stress level from a seven (out of 10) to a six is still a victory. There were several factors that helped me through completing my degree: hope that I would finish, focusing on the big picture, and understanding that my dissertation did not have to be perfect. I said yes to getting a PhD, which means completing a dissertation, so I would remember why I decided to sacrifice my wellness. Essentially, I focused
on the big picture of my decision to complete a PhD, that I am pursuing my dream of being a professor. As a soon to be professor, I want to remember what I learned from this study when working with students. Specifically, not applying a one-size-fits all self-care and wellness approach when interacting with students.

**Study Limitations**

There were limitations within this study. The strength of relationship between perceived CES program emphasis on wellness and self-care and total wellness scores was moderate. This limitation was also found within the overall regression model. The number of predictors in the multiple regression accounted for a low level of variance within wellness scores, meaning more research is still needed about predictor variables.

Another limitation is with the sample, which was smaller than a previous study on the same topic (Perepiczka & Balkin, 2010). The variety of years spent as a counselor could also be viewed as a limitation that could have hindered the correlation analysis because over half of the sample had five or fewer years of experience. Additionally, another limitation is understanding how current events interacted with wellness score. The data collection month began with COVID-19 ravaging the U.S. with an increasing death toll and ended with outpouring of anger and frustration at the murder of George Floyd by a white police officer. However, most responses were collected before George Floyd’s murder, so discussions about discrimination are not solely directed towards this event. There were times during this month where it felt like the world was teetering on the brink of collapse, which could impact how participants viewed their wellness.
Recommendations for Future Research

Future CES doctoral student wellness can seek to identify additional predictor variables. For example, because time was a frequently discussed challenge, researchers can focus on work level (full, part time) and parenthood status. These variables could explain how this population experiences wellness by understanding how myriad obligations and time commitments affect perceptions of wellness. Another area to explore further with this population is guilt within the context of CES doctoral student wellness. Specifically, those who experience guilt about expressing self-care and those who overcome guilt can discuss their guilt processes. This information can then be used to help future or current CES doctoral students address guilt when practicing self-care. Future CES doctoral student wellness research could explore perceptions about social and physical wellness. That is, focusing on what specifically about social engagement makes this area a strength for this population may be helpful for understanding CES doctoral student wellness and self-care. Additionally, exploring perceptions about nutrition and exercise with CES doctoral students may help counselor educators and researchers understand how to address these concepts. Demographically, future research can focus on amplifying certain voices within the CES field also suggested by Gleason and Hays (2019). Overall, CES doctoral programs demographics tend to be comprised of Caucasian and female students. Individuals of color and/or male identified CES doctoral students (all smaller percentages within this sample) can be the focus to create a clearer picture. Although Perepiczka and Balkin (2010) explored how matriculation impacted wellness, matriculation was defined by year. Further research that does not look at year of study but instead the dichotomy of doctoral student and doctoral candidate levels. Future research can also focus on comparing CES doctoral students who are at the student
level (i.e. only taking classes) and the candidate level (i.e. at the dissertation stage of their program) to greater understand if different wellness experiences occur at these levels. Continuing with Gleason and Hays’ (2019) recommendation, these conversations and analyses about self-care and wellness can also be implemented on CES faculty members to understand their experiences. This research would create a more complete picture of how wellness and self-care are interacting at an academic level.

**Conclusion**

Concepts of wellness and self-care are often viewed as personal, making them difficult to analyze on a broader scale. This study was personal for me, not as a final stage for my doctoral degree, but also as a challenge for myself to practice better wellness and self-care by focusing on these concepts exhaustively. One key finding from this study was that current CES doctoral students appear to experience higher levels of wellness than the general public. Although this aligned with previous research (Myers et al., 2003; Perepiczka & Balkin, 2010), wellness scores are only part of the picture.

Self-care themes for this study were grouped by strengths and challenges. For strengths, individual activities, social activities, awareness and overcoming guilt were themes. Using hobbies, social engagement, exercise, nutrition, spirituality, and sleep all emerged as preferences for this population. Additionally, participants mentioned the value in being aware of when self-care is needed. Participants also described overcoming guilt as a rite of passage that CES doctoral students must complete. Conversely, self-care challenges exposed the following themes: time, lack of motivation or energy, financial constraints, expectations, lack of social support, COVID-19, perceptions of discrimination, and personal mental health challenges were all
barriers that would prevent CES doctoral students from practicing self-care. A goal of this study was to help CES doctoral students understand their own self-care and wellness. This research may contribute to increased awareness for CES doctoral students.

An unexpected result within this study was the inverse relationship between perceived CES program emphasis on wellness and self-care and total wellness. As total wellness scores increased, the perceived program emphasis decreased. This result presents a different picture of the role CES faculty and programs play in doctoral student wellness and self-care. This variable was also a statistically significant predictor, a first to my knowledge. Some interpretations of this result include doctoral students focusing on their self-more because their program does not emphasize these concepts. Additionally, some CES doctoral students may practice self-care and engage in wellness despite their program’s messaging. More research and exploration are needed to unpack this result.

Overall, this study presented an in-depth analysis of current CES doctoral student wellness and self-care. This study reported the first statistically significant predictor of total wellness scores on the FFWEL-A2 for CES doctoral students. Results from this study also advocated the importance of this population being aware of their needs and advocating for those needs. Research in this area still needs to be conducted to continue to identify useful trends and predictors.
REFERENCES


Hello, my name is Andrew Plath and I am a doctoral candidate at Northern Illinois University in Counseling Education and Supervision. My faculty mentors are Dr. Scott Wickman, swickman@niu.edu and Dr. Dana Isawi, disawi@niu.edu. I am currently collecting data for my dissertation. This study has been approved by the Institutional Review Board at Northern Illinois University (####). You are being asked to complete this survey because you are currently enrolled in a CACREP-accredited Counselor Education and Supervision doctoral program at any matriculation level.

The purpose of this study is to identify and describe the wellness and self-care experiences of counselor education and supervision doctoral students at CACREP accredited doctoral programs. This study is completely voluntary. If you agree to take part in this study, you will be asked to complete an online survey/questionnaire. This survey, called the Five Factor Wellness Inventory-Adult Form 2 (FFWEL-A2) will ask about your wellness and healthy lifestyle choices. Additionally, you will be asked about your perceptions of wellness and self-care emphasis within your CES doctoral program and your self-care strengths and challenges. In total, this survey will take approximately 10-30 minutes to complete.

You may benefit by understanding components of your wellness and self-care lifestyle that are successful and potential areas of improvement. We hope that the information learned from this study will help Counselor Education and Supervision doctoral students and faculty members understand how this population experiences wellness.

I believe there are no known risks associated with this study. Your answers will be anonymous, and the aggregate data collected will be stored in a password-protected electronic file.

Your participation in this study is completely voluntary and you can withdraw at any time without penalty. You are free to skip any question that you choose. If you have questions about this project, you may contact myself at Andrew Plath at aplath@niu.edu and/or Dr. Scott Wickman at swickman@niu.edu and/or Dr. Dana Isawi at disawi@niu.edu. If you have any questions concerning your rights as a research subject, you may contact the Northern Illinois University Research Compliance Coordinator at (815) 753-8588 or pwallace@niu.edu.

If you meet the criteria and are interested in participating in this study, please click on the following link: “link would be provided”

If you have any questions please feel free to contact me at aplath@niu.edu or (765) 760-3083

Best,

Andrew Plath
Appendix B

ADDED ITEMS TO FFWEL-A2
Definitions:

Wellness: A state of optimal health and well-being of mind, body, and spirit, which every individual can achieve (Myers, Sweeney, & Witmer, 2000)

Self-care: A method for counselors to heal and attend to their physical, mental, emotional, and spiritual wellness (ACA, 2014; Merriman, 2015; Stebnicki, 2007)

1. My current Counselor Education and Supervision doctoral program emphasizes my wellness

   Strongly agree/agree/disagree/strongly disagree

2. My current Counselor Education and Supervision doctoral program emphasizes that I practice self-care

   Strongly agree/agree/disagree/strongly disagree

3. Indicate your years spent as a counselor (this includes any post-master’s counseling experience, excluding practicum or internships). Select the nearest year (for example someone with 8 months experience would select 1 year): select how many years of counseling experience you have from a drop down menu: from 0-45; 0,1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45

4. In your CES program, are you required to take a specific course related to wellness?

   Yes/No

5. List at least 2 self-care strengths you experience:

   a. Describe these strengths:
6. List at least 2 self-care challenges:

a. Describe these challenges:
Appendix C

INFORMED CONSENT
You are being invited to participate in a research study titled Wellness and Self-Care of Counselor Education and Supervision Doctoral Students. I am a doctoral student at Northern Illinois University. This study is being completed as part of my dissertation requirement for the Counselor Education and Supervision degree under the supervision of my dissertation co-chairs, Dr. Scott Wickman and Dr. Dana Isawi. You were selected to participate in this study because you are currently enrolled in a CACREP-accredited Counselor Education and Supervision doctoral program at any matriculation level.

The purpose of this study is to identify and describe the wellness and self-care experiences of counselor education and supervision doctoral students at CACREP accredited doctoral programs. This study is completely voluntary. If you agree to take part in this study, you will be asked to complete an online survey/questionnaire. This survey, called the Five Factor Wellness Inventory-A2 Form (FF-WEL-A2) will ask about your wellness and healthy lifestyle choices, perceptions about your CES program’s emphasis on wellness and self-care, your self-care strengths and challenges. This survey will take approximately 10-30 minutes to complete.

You may benefit by understanding components of your wellness and self-care that are successful and potential areas of improvement. We hope that the information learned from this study will help Counselor Education and Supervision doctoral students and faculty members understand how this population experiences wellness.

We believe there are no known risks associated with this study. Your answers will be anonymous, and the aggregate data collected will be stored in a password-protected electronic file.

Your participation in this study is completely voluntary and you can withdraw at any time without penalty. You are free to skip any question that you choose.

If you have questions about this project, you may contact myself at Andrew Plath at aplath@niu.edu and/or Dr. Scott Wickman at swickman@niu.edu and/or Dr. Dana Isawi at disawi@niu.edu. If you have any questions concerning your rights as a research subject, you may contact the Northern Illinois University Research Compliance Coordinator at (815) 753-8588 or pwallace@niu.edu.

By clicking “I agree” below you are indicating that you are at least 18 years old, are a current CES doctoral student at a CACREP-accredited program, have read and understood this consent form, and agree to participate in this research study. Please print a copy of this page for your records.

I agree
I do not agree
Appendix D

RESIDUAL SCATTERPLOT
Scatterplot
Dependent Variable: Total Wellness

Regression Standardized Residual

Regression Standardized Predicted Value
Appendix E

NORMAL P-P OF REGRESSION STANDARDIZED RESIDUAL