

Wellness of counseling students: practicing what we preach. (Counselor Preparation).

By: [Jane E. Myers](#), [Keith Mobley](#), and C. S. Booth

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Abstract:

A study of wellness among 263 graduate students in counseling revealed that counseling students experienced greater wellness than the general population; however, significant within-group variability existed. Doctoral students reported significantly greater wellness in most areas measured by the Wellness Evaluation of Lifestyle (J. E. Myers, T. J. Sweeney, & J. M. Witmer, 1996) as compared with entry-level students. Moderate effect resulted for Sense of Control, Intellectual Stimulation, Work, and Total Wellness. Students who were not Caucasian reported greater wellness in Cultural Identity than did Caucasian counseling students.

Article:

As with prior drafts, the Council for Accreditation of Counseling and Related Educational Programs (2001) standards for counselor preparation specify requirements for promoting the personal development of counseling students. Students are encouraged to participate "in seminars, workshops, or other activities that contribute to personal and professional growth" (Section II.D) and to understand factors such as how "personal characteristics, orientations, and skills" affect helping relationships (Section II.J.5). Furthermore, the standards encourage counselor educators to select applicants to counseling programs based on an assessment of "each applicant's openness to self-examination and personal and professional development" (Section VI.5). Once admitted, "program faculty conduct a developmental, systematic assessment of each student's progress throughout the program, including consideration of the student's academic performance, professional development, and personal development" (Section VI.B). Despite these mandates, there is little available information concerning (a) how to select counselor trainees based on positive mental health (Markert & Monke, 1990), (b) effective strategies for promoting personal development of counseling students (Mahoney, 1991; Witmer, 1997; Witmer & Young, 1996), or (c) strategies for screening and reviewing student personal growth (Bradley & Post, 1991).

In the 1960s and 1970s, developing human potential was a frequent theme in the counseling literature (e.g., Maslow, 1970, 1971; Rogers, 1961). Since that time, information on the personal growth component of counselor training programs has been intermittent at best (Witmer, 1997), despite evidence suggesting a need to focus on the mental health and wellness of counselors as providers of intimate human services (Mahoney, 1991). For example, in a study of 180 beginning counselor trainees, White and Franzoni (1990) found higher levels of psychological disturbance in the counselor trainees than were found in the general population; data were obtained from measures of deviance, locus of control, and coping skills. Bradley and Post (1991) studied criteria for admission to counselor training and concluded that most existing criteria focus on predictors of academic success only. Yet, as Markert and Monke (1990) demonstrated, such criteria predict neither counselor competency nor mental health.

A review of the PsycINFO (American Psychological Association, 2002) electronic database resulted in 42 citations that addressed "counseling and wellness" and 11 related to "counselors and wellness." The majority of these articles were either theoretical or applied, and few reported the results of empirical studies. A notable exception was a study reported by Evans (1997) in which the wellness of African American counselors was examined; she noted that these counselors used both spiritual and emotional wellness activities more than occupational or physical wellness activities and that gender was related to spiritual wellness, whereas position

(i.e., work setting) was related to both emotional and physical wellness. No studies reporting the wellness of counselors, in general, or counselor trainees, specifically, were found. However, Archer, Probert, and Gage (1987) did study the attitudes of undergraduate students toward wellness and concluded, "although students recognize the importance of wellness, they may be reluctant to admit their need for information or assistance" (p. 317).

Both Evans (1997) and Archer et al. (1987) based their research on Hettler's (1984) Hexagonal Model of Wellness, which includes physical, emotional, spiritual, occupational, social, and intellectual aspects of wellness. Similar to other wellness models, Hettler's work is based on the physical sciences and medicine rather than on psychological and counseling theory. The Wheel of Wellness model developed by Sweeney and Witmer (1991) and later revised (Myers, Sweeney, & Witmer, 2000) to incorporate aspects of gender and cultural identity, is based on Adlerian theory and incorporates multidisciplinary research on aspects of holistic wellness. Hermon and Hazier (1999) applied this model in a study of 155 undergraduate students and found significant relationships between the dimensions of wellness in the Wheel and both short-term state and long-term trait aspects of psychological well-being. Hensley and Smith (in press) used the Wheel model to develop an intervention program to promote student development in undergraduate student success programs. To date, this model has not been applied to graduate students, particularly in counseling.

Our study was undertaken to examine the wellness of counseling students. The primary research questions were What are the overall levels of wellness of counseling students? How does the wellness of counseling students compare with the wellness of people in general? Are there within-group differences in wellness of counseling students based on gender, graduate status (i.e., entry-level or doctoral), or ethnicity? Finally, what are the implications of the findings for counselor training, particularly the personal development of counselor trainees?

Method

Instrumentation

The methodology for this study involved the analysis of data from an existing database that was developed over a 5-year period, using individuals' responses to the Wellness Evaluation of Lifestyle (WEL), a 120-item paper-and-pencil instrument that measures the characteristics of wellness depicted in the Wheel of Wellness model (Myers et al., 2000). These characteristics include the following five life tasks: spirituality, self-direction, work and leisure, friendship, and love. Self-direction is further divided into 12 subtasks: sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity.

Items on the WEL are statements (e.g., "I am an active person") to which participants reply using a 4-point Likert-type scale, ranging from 1 (strongly disagree) to 4 (strongly agree). Subscale scores are computed in a two-step process. First, the numerical values of the items' responses are added, and then a mean item response is computed and multiplied by 25. This linear transformation places the scales on a similar metric with scores ranging from 25 to 100. A composite score for self-direction is computed by summing the scores from the 12 individual self-direction subscales. In a similar way, a total wellness score is computed by summing scores for all items on the WEL.

Test-retest coefficients for the 19 WEL scales ranged from .90 to .96 for a 2-week interval for 99 undergraduates, and alpha coefficients ranged from .61 to .91 for a group of 3,043 adults. The adult norm group included 46% women, 80% Caucasians, and 20% other ethnic groups. The age range was 17-99 years (mean age, 31 years; SD = 16). Approximately half (46.8%) of the participants had at least a bachelor's degree. Hattie, Myers, and Sweeney (in press) reported exploratory and confirmatory factor analyses in support of the 19 discrete scales of the WEL.

Participants

Among the 3,043 adults in the WEL database, 263 were graduate students in counseling programs when they completed the instrument. These students took the WEL primarily during their 1st year of training in programs

in North Carolina, Ohio, Nevada, Louisiana, and Florida. Selected demographic descriptors of the sample are shown in Table 1. As shown in the table, approximately 70% of the students were women, which reflected the recent demographic breakdown of students in counselor training programs (Hollis, 2000). Men were 27.8% of the sample, and 1.9% of the sample did not indicate gender. The ethnicity of the student sample was 74.9% Caucasian, 5.7% African American, 12.9% other minority, and 6.5% unknown or missing. Just over half (i.e., 52.4%) of the participants were under 30 years old. The mean age of entry-level students was 33.03 (SD = 13.08), and the mean age of doctoral students was 34.41 (SD = 6.87). The mean age of the entire student sample was 33.3 (SD = 12.37).

TABLE 1
Selected Demographic Descriptors of Counseling Graduate Students by Gender

Demographic Characteristic	Men		Women		Total	
	n	%	n	%	n	%
Gender						
Men	73	100.0			73	27.8
Women			185	100.0	185	70.3
Missing					5	1.9
Ethnicity						
Caucasian	57	79.2	140	80.4	197	74.9
African American	2	2.8	13	7.5	15	5.7
Other minority	13	18.0	21	12.1	34	12.9
Missing					17	6.5
Age						
Under 24	16	23.2	53	32.9	69	26.2
25-30	25	36.2	44	27.3	69	26.2
31-35	7	10.2	17	10.6	24	9.1
36-40	9	13.0	23	14.3	32	12.2
Over 40	12	17.4	24	14.9	36	13.7
Missing					33	12.6
Marital status						
Partnered/married	34	46.6	70	37.8	104	39.5
Single	29	39.7	99	53.5	128	48.7
Separated	2	2.7	0	0.0	2	0.8
Divorced	7	9.6	12	6.5	19	7.2
Widowed	1	1.4	4	2.2	5	1.9
Missing					5	1.9
Total	73	100.0	185	100.0	263	100.0

Analysis

A series of t tests were conducted with the total and subscale mean scores of both the entry-level and doctoral students in comparison to the total WEL database, after adjusting for the familywise error rates from multiple scale comparison using Bonferroni's t. Multivariate analysis of variance (MANOVA) was used with the database of 266 graduate students with demographic variables, such as graduate level (entry-level and doctoral) and ethnicity (Caucasian and individuals from ethnic minority groups), included with gender as dichotomous variables. It should be noted that the division of ethnicity into two discrete variables (Caucasian and individuals from ethnic minority groups) was due to the relatively small number of students represented by ethnic groups and, thus, an inability to obtain meaningful within-group comparisons for the ethnically diverse students. After the main effects of overall and subscale mean scores were determined, interaction effects were evaluated using three-way analysis of variance among both gender and graduate level, as well as culture and graduate level. Finally, Cohen's d (Cohen, 1988) was used to examine the effect sizes of the analyses (.20 = small, .50 =

medium, .80 = large). This statistic was calculated with the pooled standard deviation in order to control for differences in the degrees of freedom of the different subgroups used in the analyses.

Results

Table 2 provides mean scores for the entry-level and doctoral counseling students and the WEL norm group of 3,043 adults on all of the WEL scales; the table also includes separate results of a series of two-tailed t tests for entry-level students, doctoral students, and the WEL norm group. The Bonferroni-adjusted critical t value for entry-level students was 3.00; for doctoral students, it was 3.16. The alpha to determine significance was set at .003 to adjust for the number of contrasts. Both significance levels and effect sizes are noted in Table 2.

TABLE 2

Comparisons of Means, Standard Deviations, and t Tests for Entry-Level and Doctoral Counseling Students With Adult WEL Norm Group

WEL Scale	Entry Level (n = 208)				WEL Norms (N = 3,043)	
	M	SD	t	Sig.	M	SD
Spirituality	74.50	19.7	1.20	.300	76.08	18.0
Self-Direction	77.21	7.3	1.90	.057	75.85	10.2
Sense of Worth	82.52	13.8	0.55	.674	83.02	12.8
Sense of Control	83.27	10.5	3.84	.001 * (a)	80.58	11.3
Realistic Beliefs	60.37	12.8	-0.71	.500	60.98	14.4
Emotional						
Awareness	81.27	12.2	1.59	.200	79.98	12.2
Intellectual						
Stimulation	80.64	10.5	1.44	.200	79.63	11.6
Sense of Humor	82.28	12.7	1.67	.100	80.87	12.6
Exercise	75.15	16.4	1.44	.200	73.58	18.0
Nutrition	67.50	18.5	1.21	.300	66.01	20.3
Self-Care	89.66	12.6	5.43	.001 * (a)	85.10	17.0
Stress Management	72.95	15.3	0.88	.400	72.05	14.7
Gender Identity	83.37	12.0	3.46	.001 * (a)	80.60	12.4
Cultural Identity	73.88	16.4	-2.09	.050		
Work	76.97	11.5	5.27	.001 * (a)		
Leisure	76.67	14.2	-2.25	.050		
Friendship	89.10	10.0	3.65	.001 * (a)		
Love	92.12	11.6	4.54	.001 * (a)		
Total Wellness	78.25	7.3	0.51	.611		
	Doctoral (n = 41)				WEL Norms (N = 3,043)	
WEL Scale	M	SD	t	Sig.	M	SD
Spirituality	81.76	18.9	1.94	.200	76.08	18.0
Self-Direction	80.47	7.6	2.89	.004	75.85	10.2
Sense of Worth	84.76	12.0	0.94	.400	83.02	12.8
Sense of Control	86.34	10.0	3.72	.001 * (b)	80.58	11.3
Realistic Beliefs	64.29	13.8	1.55	.200	60.98	14.4
Emotional						
Awareness	83.90	12.2	2.07	.050	79.98	12.2
Intellectual						
Stimulation	86.83	9.3	5.00	.001 * (b)	79.63	11.6
Sense of Humor	86.20	11.1	3.10	.010	80.87	12.6
Exercise	77.07	17.1	1.32	.200	73.58	18.0
Nutrition	72.30	15.7	2.59	.010	66.01	20.3
Self-Care	87.81	13.9	1.26	.300	85.10	17.0
Stress Management	77.56	11.9	2.99	.010	72.05	14.7
Gender Identity	85.24	11.9	2.52	.020	80.60	12.4

Cultural Identity	80.16	14.1	1.83	.100		76.16	15.1
Work	81.71	10.0	5.67	.001*	(b)	72.93	13.9
Leisure	81.95	10.6	1.92	.100		78.80	14.2
Friendship	90.24	9.4	2.45	.020		86.67	11.6
Love	92.80	12.3	2.20	.050		88.61	13.6
Total Wellness	81.95	7.6	3.37	.001	*(b)	77.98	7.52

Note. *WEL = Wellness Evaluation of Lifestyle.*

(a) Small effect size. (b) Medium effect size.

**p < .003.*

Both entry-level and doctoral students in counseling reported statistically higher scores than the general adult norm group for Sense of Control and Work. The effects were small for the entry-level students ($p = .001$, $d = .24$ and $.29$, respectively) and medium for the doctoral students ($p = .001$, $d = .51$ and $.63$, respectively) for both subscales. Entry-level students, but not doctoral students, reported scores that were statistically higher than the norm group on Self-Care ($p = .001$, $d = .27$), Gender Identity ($p = .001$, $d = .22$), Friendship ($p = .001$, $d = .21$), and Love ($p = .001$, $d = .26$); all effect sizes were small. In contrast, doctoral students, but not entry-level students, reported higher scores than the norm group for Intellectual Stimulation ($p = .001$, $d = .62$) and Total Wellness ($p = .001$, $d = .25$).

TABLE 3

MANOVAs for Within-Group Comparisons of Counseling Students by Gender, Ethnicity, and Graduate Status (Entry-Level vs. Doctoral)

WEL Scale	Gender		Ethnicity	
	F	p	F	p
Spirituality	1.68	.200	0.90	.345
Self-Direction	0.01	.935	5.66	.018
Sense of Worth	0.09	.770	0.00	.968
Sense of Control	0.72	.400	1.64	.202
Realistic Beliefs	0.90	.350	2.66	.104
Emotional Awareness	1.61	.210	2.40	.122
Intellectual Stimulation	0.48	.490	4.15	.042
Sense of Humor		.554	7.07	.008
Exercise	0.00	.980	5.17	.024
Nutrition	3.08	.080	2.23	.136
Self-Care	7.04	.008	3.33	.069
Stress Management	8.55	.004	3.55	.061
Gender identity	10.21	.002 *	1.95	.165
Cultural Identity	7.25	.008	10.63	.001 *
Work	0.00	.970	0.64	.424
Leisure	3.87	.050	2.52	.114
Friendship	7.84	.006	0.62	.432
Love	4.14	.043	2.87	.092
Total Wellness	0.19	.670	5.10	.025

WEL Scale	Graduate Status	
	F	p
Spirituality	10.48	.002 *
Self-Direction	21.68	.000 *
Sense of Worth	4.65	.033
Sense of Control	8.73	.004
Realistic Beliefs	5.41	.022
Emotional Awareness	6.94	.009
Intellectual Stimulation	15.88	<.001 *
Sense of Humor	0.02	.034
Exercise	5.35	.022
Nutrition	5.64	.019
Self-Care	1.10	.300

Stress Management	4.06	.046
Gender identity	17.52	.000 *
Cultural Identity	11.28	.001 *
Work	18.10	<.001 *
Leisure	3.64	.060
Friendship	3.80	.050
Love	3.72	.060
Total Wellness	22.49	<.001 *

Note. MANOVA = multivariate analysis of variance; WEL = Wellness Evaluation of Lifestyle.

** p < .003.*

Table 3 shows the results of MANOVAs that were computed on the basis of gender, ethnicity, and graduate status. Female graduate students scored statistically higher than male students on Gender Identity ($F = 10.21$, $p = .002$, $d = .26$); the effect size for this difference was small. No other significant gender differences were noted. Students who were not Caucasian scored higher on Cultural Identity than did Caucasian students ($F = 10.631$, $p = .001$, $d = .62$); the effect was medium. No other ethnic differences were noted.

Doctoral students scored significantly higher than entry-level students, with small effects on Spirituality ($F = 10.48$, $p = .002$, $d = .40$), Gender Identity ($F = 17.52$, $p < .001$, $d = .16$), Cultural Identity ($F = 11.28$, $p = .001$, $d = .40$), and Work ($F = 18.10$, $p = .002$, $d = .42$). Doctoral students scored significantly higher than entry-level students with medium effects on Intellectual Stimulation ($F = 15.88$, $p < .001$, $d = -0.60$), Self-Direction, and Total Wellness ($F = 22.49$, $p < .001$, $d = -.51$).

Discussion

The present study was undertaken to examine the wellness of counseling students during their 1st year in counselor training programs at entry and advanced levels. On the basis of anecdotal evidence from students in our program, we expected to find low levels of wellness within the student population. We were surprised that this was not the case; however, significant within-group differences were found, as well as important differences between counseling students and a general adult norm group.

There were differences between the counseling students and the adult norm group on 8 of the 19 scales of the WEL, and, in all instances, the counseling students expressed greater wellness. Differences between students and the general population group were most noticeable in the areas of Sense of Control and Work wellness. Items on the WEL for Sense of Control include statements such as "I usually achieve the goals I set for myself"; "I can take charge and manage a situation when it is appropriate"; and "Most of the time, I am in control of my life." Sample items from the WEL Work subscale, which measures primarily work satisfaction as a major component of work wellness, include "I like the work that I do"; "The work I do allows me to make use of my abilities and skills"; and "I have a great deal of control over conditions affecting the work I do." These items reflect an internal locus of control and a feeling of control in one's work environment. Similarly, counseling students' scores exceeded those of the norm group on scales of the WEL that are often the basis of counseling referrals, such as finding a balance between work and leisure and participating in meaningful and fulfilling relationships. It is encouraging that the counselor trainees in this study were "more well" than the general population, because counselors are often called on to model healthy behavior for their clients (Mahoney, 1991).

Because these data were for 1st-year counseling students, most of whom were in their second semester of course work, it is impossible to determine how much of their wellness was attributable to the influences of the counseling training program and how much was a preexisting condition. A preexisting condition may have contributed to self-selection (or the selection of the counselor education admissions committee) for a helping profession such as counselor education. Further research is needed to determine the wellness of counseling students at the time of application to counseling training programs, at the time they begin taking classes, and either at some time later in the program or at the time of graduation. The students who participated in this study had completed courses such as basic helping skills and introduction to the profession; were enrolled in

counseling theories, assessment, and life span development courses; and had completed both community and on-campus clinical practica. Thus, their levels of wellness might well have been influenced in a positive manner by their counselor educators and supervisors as well as by their more advanced peers in the training program. This learning could occur through modeling as a result of exposure to wellness behaviors by faculty or advanced students in the program. It is also possible that awareness of wellness factors may be enhanced through counselor preparation as a result of curricular and cocurricular experiences that involve students in processes of self-exploration, learning, and personal growth.

In looking at within-group differences, it was interesting to find that female students scored higher than male students did on Gender Identity, and students who were not Caucasian scored higher than Caucasians on Cultural Identity. The WEL items reflect awareness of gender and cultural issues, comfort with one's gender or culture, and perceived support from others who share one's gender or culture. The current findings may reflect greater awareness of gender and cultural issues on the part of persons who have historically represented minority groups in U.S. society. Alternatively, the findings could reflect greater awareness as well as knowledge due to prior educational experiences and self-selection for courses and experiences that promote feminist or racial identity development. Further studies are needed to determine the basis of within-group differences relative to both gender and cultural identity, as well as strategies for enhancing gender and cultural identity among male and Caucasian students. The need in this area may be most acute for cultural issues, given the large effect size of the difference ($d = .62$); however, the small sample size of minority students could have been a factor that influenced the findings.

Doctoral students in our sample experienced a higher level of wellness than students at the entry-level in several important areas, including two of the major life tasks (i.e., Spirituality and Work) and Total Wellness. Furthermore, there were no scales for which the mean of the entry-level students exceeded that for the doctoral students. The reasons for these findings cannot be determined on the basis of the methodology used for this study, and most of the effects were small; however, it is interesting to examine the areas in which there were significant differences. Higher scores for doctoral students on the Gender and Cultural Identity subscales could reflect the success of entry-level counselor preparation programs in developing awareness and knowledge relative to multicultural and diversity issues. Higher scores on Intellectual Stimulation and Work could reflect a greater commitment of doctoral students to the educational process as well as greater comfort in the academic environment as their future professional work setting.

The WEL Spirituality subscale includes an orientation to meaning and purpose in life as well as religious or spiritual beliefs and practices. Higher scores among doctoral students could reflect greater awareness of personal spiritual needs; more attention to or comfort with spiritual growth and functioning; or the effects of education at the entry-level relative to the spiritual needs of all persons, including themselves. Again, it is not possible to determine the reasons for our results given the methodology of the study. Additional studies with larger groups of students and students in entry-level-only versus entry-level-combined-with-doctoral programs could further illuminate the meaning of our results.

Certainly, the finding of greater Total Wellness among the doctoral students as compared with entry-level students merits further study. It is possible that wellness incorporates a developmental component for students and that the longer a student matriculates in a counseling program, the more wellness he or she may experience. Studies of wellness among counselor educators, the primary role models for doctoral students, compared with both entry-level and doctoral students would be of interest. Furthermore, comparisons of wellness levels among and between counseling students and between counseling students and students in other disciplines would be of interest.

Our findings should be interpreted with caution because unequal sample sizes for subgroups could either mask important differences that existed or they could suggest differences that, on further examination, may not be as significant as they appeared to be. Further studies with larger samples are warranted; in particular, oversampling of ethnic groups could help to further explore possible ethnic differences in counseling student wellness.

Assessing the wellness of counseling students at the time of application or admission to counseling programs could shed light on the influence of counselor preparation on levels of wellness. In addition, longitudinal studies that examine changing levels of wellness among counseling students and graduates of counseling programs would be of interest.

The authors of the WEL (Myers et al., 1996) recommend that persons using the WEL avoid providing norm scores as "average" in terms of wellness; these scores tend to be less than optimum, at least in the United States, notably in areas such as nutrition and exercise. Their rationale is that high-level wellness should be a goal for each individual, rather than a comparison of one's wellness to that of others (Myers et al., 2000). From this perspective, it may be argued that counseling students, in general, are not experiencing high-level wellness because their scores are less than 100, the highest possible score, on each scale. To enhance their wellness, both curricular and cocurricular experiences could be planned that focus on various aspects of the Wellness model. Beginning with an assessment of personal wellness can form a foundation for planning greater wellness lifestyles, both during and after the graduate training program.

Conclusion

Based on our findings, it seems clear that wellness among counseling students varies across the many domains of wellness and that there is, indeed, room for improvement. Replication of the current study with larger groups of students, at varying points during their graduate program, may help to explain the nature of wellness during individuals' graduate school matriculation. In addition, longitudinal research designs are needed to examine changes in students' wellness while they are in graduate school. Such data can provide an important foundation for developing cocurricular and curricular programs to enhance counseling students' wellness.

The underlying philosophy of counselor preparation rests on a foundation of wellness for professionals and professionals-in-training. Assessing wellness is one approach that counselor educators can use to increase awareness of personal wellness and to stimulate dialogue concerning how students can change to achieve wellness lifestyles while they are in training and throughout their careers. Our findings support both variability in counseling student wellness and a need to enhance wellness within and between groups of counseling students. However, when comparing the wellness of counseling students with that of a general adult sample, it is encouraging to see higher scores among the counseling students. Perhaps counselor educators really are doing a good job of selecting candidates for counselor training, or are being effective in the first semesters of training in raising awareness and commitment to wellness lifestyles. On the other hand, counseling students might be "faking good" and might really experience lower levels of wellness than our data suggested. Further studies of student wellness, before and after training, and interventions to enhance wellness are needed to answer these questions with greater certainty than initial study permits.

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