


July 2010

Encouraging Student Wellness: An Expanded Role for Counselor Educators

Thomas Foster

Follow this and additional works at: <http://repository.wcsu.edu/jcps>

 Part of the [Other Social and Behavioral Sciences Commons](#), and the [Student Counseling and Personnel Services Commons](#)

Recommended Citation

Foster, T. (2010). Encouraging Student Wellness: An Expanded Role for Counselor Educators. *The Journal of Counselor Preparation and Supervision*, 2(1). <http://dx.doi.org/10.7729/21.0112>

This Article is brought to you for free and open access by WestCollections: digitalcommons@wcsu. It has been accepted for inclusion in The Journal of Counselor Preparation and Supervision by an authorized administrator of WestCollections: digitalcommons@wcsu. For more information, please contact kenausisv@wcsu.edu.

Encouraging Student Wellness: An Expanded Role for Counselor Educators

Abstract

Graduate school can present as a time of both self-fulfillment and stress for students; students who lack psychosocial resources and must fulfill other life roles (e.g. employee, spouse, caregiver) during graduate school can experience significant stress levels that can interfere with their academic and personal life.

However, students can make healthy choices about how to live, and over time, these choices can develop into a wellness lifestyle. The Wellness Cube Model (WCM) serves as an academic intervention with the purposes to: (a) infuse wellness content and experiences into a counseling program, (b) expose students to wellness, and (c) help both struggling and non-struggling students make positive choices that benefit their professional and personal lives.

Encouraging Student Wellness: An Expanded Role for Counselor Educators

Thomas Foster

Graduate school can present as a time of both self-fulfillment and stress for students; students who lack psychosocial resources and must fulfill other life roles (e.g. employee, spouse, caregiver) during graduate school can experience significant stress levels that can interfere with their academic and personal life. However, students can make healthy choices about how to live, and over time, these choices can develop into a wellness lifestyle. The Wellness Cube Model (WCM) serves as an academic intervention with the purposes to: (a) infuse wellness content and experiences into a counseling program, (b) expose students to wellness, and (c) help both struggling and non-struggling students make positive choices that benefit their professional and personal lives.

Julie, a full-time counseling student at a local university in her second semester of classes also works full-time at a local social services agency. She works full time to pay her bills and save for her upcoming wedding next year. During her second semester, Julie confides in a fellow student she feels overwhelmed. Julie reveals the stress from her job and school are beginning to take a toll on her. She no longer saves time for herself or other people. Before starting graduate school Julie devoted more time to her friends, family, and fiancé; now she finds herself either working, attending classes, or studying. Julie also used to run in the park three times a week as a way to stay in shape; due to her work and school demands Julie has not run for months. Julie created a two year plan to finish her masters degree and get married, all while working full-time; however, she tells her friend she does not know how she can maintain this pace for another year and a half. By the end of the semester Julie's grades are lower than what she had hoped for, she is behind at work, and she feels out of touch with her loved ones. Julie feels overwhelmed and isolated, and wonders if

she has made a mistake about pursuing graduate school.

People make many little choices every day. A portion of these choices relates to how an individual takes care of him or herself; choices about eating, exercising, spending time with loved ones, and appropriately dealing with stress. Over time, these choices can develop into a lifestyle. For counseling students, the type of lifestyle they bring to and develop during graduate school may be influential to their academic and clinical performance. In the case of Julie, her lifestyle consisted of a strong social support system and a strong exercise regimen before entering graduate school; however, due to her unrealistic expectations and the small choices she made during graduate school her lifestyle changed. In turn, Julie felt greater anxiety, isolation, and uncertainty about her ability to finish graduate school.

Many counseling students may relate to Julie's story, as graduate school can develop into a time of stress. Student stress can come from many avenues, such as the academic demands of graduate school, (Toews, Lockyer, Dobson, & Brownwell, 1993) other life roles, and a

student's lack of psychosocial resources. For instance, Appel and Dahlgren (2003) described how students doubt their ability to complete school successfully and their insecurity about their financial state. These authors also found students engaged in other demanding life roles during graduate school, such as meeting family obligations and career responsibilities. Regarding family life, Brannock, Litten, and Smith (2000) noted how a student's family must compromise and adjust to the changes that occur during this time to remain balanced while the family member attends graduate school. Families who fail to adjust to the changing family dynamic can experience problems and place additional stress upon the student. Gold (2006) found during graduate school many married couples experience difficulties related to problem resolution, a lack of time together, increased conflicts and arguments, and disagreements about finances.

Protivnak and Foss (2009) noted how counseling students experience academic and personal difficulties as they progress through their respective program. Specifically, students described academic difficulties such as coursework and writing expectations, a lack of communication with faculty members, and the perceived lack of peer competence; personal difficulties related to time management, diminished finances, maintaining resilience, health concerns, and role adjustments.

Students who lack certain psychosocial characteristics may present a higher risk for stress during graduate school. For instance, students with limited emotion-regulation skills, defined as experiencing, controlling, and expressing feelings in appropriate ways (Repetti, Taylor, & Seeman, 2002), may not effectively deal with their stress while attempting to balance the demands of graduate school and other life responsibilities. In addition, students with limited social skills, little motivation for learning, and an external locus of control may experience problems. Bloom and Bell (1979) described a student who works hard,

maintains a constant presence within the department, holds the same professional values as their department, develops working relationships with faculty, and does not complain as a graduate "superstar" (p. 231). Scepansky and Bjornsen (2003) noted students who pursue graduate school participate more in class and possess higher levels of openness, competence, and goal striving; while Nordstrom and Segrist (2009) found internal locus of control is a main predictor of students engaging in graduate school.

Therefore, if students attempt to balance the demands of graduate school with other life roles while lacking adequate psychosocial resources, they may pose a risk for significant levels of anxiety and depression (Frazier & Schauben, 1994), which may lead to impairment (Forrest, Elman, Gizara, & Vacha-Haase, 1999; Kress & Protivnak, 2009; Wilkerson, 2006) and attrition (Cooke, Sims, & Peyrefitte, 1995; Golde, 1998; Jacks, Chubin, Porter, & Connolly, 1983; Leppel, 2002). However, solutions exist that could help students develop and improve their psychosocial resources, meet the demands of graduate school, and manage other life responsibilities.

Solutions for Student Stress

One solution to help counseling students reduce stress lies within the philosophical cornerstones of counselor education. These philosophical cornerstones identify counselor education as a distinct mental health profession and focus on more positive attributes of humanity, such as wellness, prevention, and development (Myers, 1992). Myers, Sweeney, and Witmer (2000) defined wellness from a counseling viewpoint, stating wellness is: a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-

being that each individual is capable of achieving.

Ivey (1991) described development as normal and positive changes that occur in human beings, while prevention defined from a counseling perspective is the reduction of the occurrence of psychological distress (Caplan, 1964). These cornerstones possess much overlap in their definitions, and if applied to students within a counselor training program, can result in a significantly positive outcome for an individual's mental and physical health (Myers, 1992). For example, if students make positive changes (development) and pursue optimal health involving the dimensions of mind, body, and spirit (wellness), their chances of preventing illnesses related to unhealthy lifestyle choices will increase. Even though these three cornerstones relate to each other, for the purpose of this article I focus specifically on wellness because it is both detailed and comprehensive in nature.

The process of wellness

Researchers defined wellness in a number of ways (Adams, Bezner, & Steinhardt, 1997; Archer, Probert, & Gage, 1987; Dunn, 1961; Hettler, 1984; Sweeney, & Witmer, 1991; World Health Organization, 1958). These authors illustrate what dimensions make up wellness (e.g. physical, mental, social, and spiritual), that wellness must be pursued, and how wellness relates to optimal health. While all of these descriptions are important, none touches upon the process of developing into a well life. Reflecting on my own pursuit of wellness, I found three important values to keep in mind. The first value deals with the importance of choice and the changes that follow. "To choose something means to have a relationship with it. The relationship becomes a vehicle for acting out certain aspects of the self and for engaging in certain modes of participation in the world." (Levinson, Darrow, Klein, Levinson, & McKee, 1978). Individuals must choose to engage in activities congruent with a well

life, and a relationship develops between these activities and the person. In addition, an individual may consciously choose to pursue a wellness lifestyle or engage in health-promoting behaviors because they intuitively know it is for their benefit. For example, I developed a relationship with running during college not because I wanted to follow the idea of wellness, but I knew it made me feel better physically and emotionally. Through this relationship, I strengthened the physical aspect of my identity and participated in the world in a new way. Therefore, some people may knowingly pursue a wellness lifestyle, while others make wellness-based decisions for other reasons. What is important to remember are the choices they make and the relationships that follow.

Second, pursuing wellness can begin anywhere within an individual's life. In other words, no prescribed pattern or one right way exists in order to start living well. One person may begin to improve their physical health by choosing to walk in the park twice a week, while another person may want to develop their spirituality by going to church. This flexibility gives people the freedom to begin their quest for wellness in whatever part of themselves they want to improve. Sweeney and Myers (2005) created a four-step wellness counseling model; the third step includes asking clients to pick what areas of wellness they want to work on first. Regardless of where they begin, other wellness variables come into play because many wellness variables relate to one another. For instance, I found my relationship with running reduced my stress and increased my sense of self-worth, both being part of a well life.

Last, pursuing wellness begins by making only a few small changes. Over time, these changes can bring about other changes, and the combination of these changes can develop into a wellness lifestyle. In addition, these changes may occur over a short time or many years. This concept emulates a main assumption of solution-focused therapy, stating how small

changes to one part of a person can affect the whole person (Walter & Peller, 1996, 2000). Referring to my own example, I unknowingly began my quest for wellness with running; I ran because I noticed it relieved stress, increased my self-worth, and improved my physique. My choice to run also led me to reconsider my eating habits since exercise and diet both relate to good physical health. Therefore, due to one small life choice (running), I experienced positive changes in other areas of my life.

Thus, pursuing a well life first involves making the choice to do so. This choice can begin in any part of life and consist of many choices that involve big and small changes. The important thing to remember here is no two individuals will share the same wellness lifestyle. Each individual who pursues wellness will make unique decisions about how to do so. Proposing the idea and process of wellness to counseling students could be effective in not only helping them cope with the struggles of graduate school, but also introduce them to a healthier way of life. This intervention should begin early in graduate school, allowing students to reflect on their current lifestyle choices and decide if change is necessary.

Responsibility of counseling faculty

Counseling faculty should not consider infusing wellness into their curriculum as only an option; faculty should regard this as their professional and ethical responsibility to their students. Associations representing the counseling profession support the proposal for overall wellness for both clients and students within their ethical standards. For example, the American Counseling Association Code of Ethics (2005) requires "counselor education programs delineate requirements for self-growth experiences in their program materials" (Section F.7.b.). Also, the Association for Counselor Education and Supervision Ethical Guidelines (1993) state a counseling supervisor should urge a supervisee to seek personal counseling or

other self-growth experiences if the supervisee's personal issues are interfering with his or her professional performance (Section 2.12). While these associations promote the implementation of wellness into a counselor training program, they give no direction regarding how to accomplish this (Hensley, Smith, & Thompson, 2003). In addition to these associations promoting the wellness of counseling students, many counselor educators petitioned for the creation of an academic wellness intervention model meant to increase student wellness and decrease impairment (Lumadue & Duffey, 1999; Myers, Mobley, & Booth, 2003; Smith, Robinson, & Young, 2007; Wilkerson, 2006; Witmer & Granello, 2005; Witmer & Young, 1996; Yager & Tovar-Blank, 2007). However, at the present time no model exists within the literature that specifically assists counseling faculty on how to integrate wellness into a counseling program.

I intend to present a model counselor training programs can use to introduce wellness to their student body. I constructed the Wellness Cube Model (WCM) to serve as an academic intervention that integrates wellness content and experiences into a masters-level counselor training program. Specifically, counselor education faculty can incorporate this model into their existing counseling program with the aim to help their students make healthy choices that may lead to a wellness lifestyle.

The Wellness Cube Model

The WCM takes the form of a cube (see Figure 1) and consists of four dimensions: (a) Counseling coursework, (b) wellness factors, (c) didactic, containing content assignments and experiential exercises, and (d) Adlerian principles and concepts. These dimensions help describe how the WCM works pragmatically and theoretically. First, I included the counseling coursework many counseling programs normally offer in order to make this model as applicable as possible. Many of these

courses are needed for program accreditation through the Counsel for Accreditation of Counseling and Related Educational Programs (CACREP, 2009), while other courses may be needed to qualify for state licensure. I also included Chi Sigma Iota (CSI) within the coursework section. CSI is the national honorary society "dedicated to promoting excellence in the profession of counseling" (Chi Sigma Iota, 2010a, para. 1). While CSI is not a counseling course, one of its objectives, "to encourage the pursuit of wellness and personal excellence" (3.e.), is congruent with the intention of the WCM and can serve as a resource to help expose wellness to counseling students (Chi Sigma Iota, 2010b). The counseling courses and CSI are located on the left side of the WCM.

Second, I incorporated into the WCM the wellness variables from the Indivisible Self Model (IS-Wel; Myers & Sweeney, 2005a). While the IS-Wel contains three levels (higher order wellness factor, second-order wellness factors, and third-order wellness factors) and four contextual variables (Local, Institutional, Global, and Chronometrical) within the model, I divided the IS-Wel into three sections on the WCM: (a) The IS-Wel in its entirety, (b) the third-order factors, and (c) the contextual variables. Where applicable, these three sections integrate into the counseling courses found on the WCM. For instance, the Counseling Theories course contains several third-order factors related to the class content and can integrate into the course; factors such as Control, Work, Positive Humor, Stress Management, Friendship, Love, Spirituality, Exercise, and Nutrition relate to many counseling theories and incorporate into the readings, discussions, and class exercises.

In another example, Chi Sigma Iota relates to the Local contextual variable on the WCM. Myers and Sweeney (2005a) define the Local contextual variable as "Those systems in which we live most often--our families, neighborhoods, and communities--and our perceptions of safety in these systems" (p.33). When applying

CSI to the Local variable, CSI members and faculty would engage in various volunteer activities within the community. Examples of such activities could include but are not limited to volunteering with the local homeless shelter, community restoration programs, Habitat for Humanity, the Blood Bank, the local animal shelter, and nursing homes. These activities would provide students with experiences outside of the classroom and connect them with their community, which may promote a broad-based comprehension and feeling of wellness. The wellness variables from the IS-Wel model are located on the top of the WCM. For a more detailed description of the IS-Wel model, refer to the following references (Hattie, Myers, & Sweeney, 2004; Myers & Sweeney, 2005a; Myers & Sweeney, 2005b, Myers & Sweeney, 2008).

Third, I included a didactic dimension to the WCM as a way to directly inject wellness into a counseling curriculum, thus making it the more pragmatic part of the model. This dimension consists of two parts. First, the content assignments portion consists of several academic assignments. Each assignment relates to a specific counseling course and wellness factor(s). For instance, within the WCM the third-order factors of Emotions, Positive Humor, Self-Worth, Spirituality, Cultural Identity, and Gender Identity integrate into the Multicultural Counseling course. Within the WCM, each of these third-order factors possess assignments students would complete for class; students would read scholarly literature related to these factors and reflect on them, both from a professional and personal standpoint. Students would complete some assignments out of class and other assignments in groups within class.

The second part of the didactic dimension consists of many types of experiential exercises; I included these exercises to help students reflect on their own wellness and engage in wellness experiences. Experiential exercises included within the WCM are journaling, informal self-assessments, community

service projects, and small, large, and online group discussions. These exercises encourage students to make choices about integrating wellness into their lifestyle. For example, the Lifespan course includes a journaling activity that spans the entire semester and focuses on the wellness factors of Control, Stress Management, Self-Worth, Friendship, Love, Spirituality, Gender Identity, and Exercise. Students who engage in this exercise will reflect on developmental periods they lived through and contemplate future times to come; these reflections will center on the wellness factors mentioned above. Some of the questions students would journal about are as follows:

- Reflect on some things you had no control over as you grew up. What did you want control over at this time? What did you have control over?
- Reflect on your friendships during this time of life. What did you want in a friend? What kinds of things did you do with your friends?
- Reflect on your sense of spirituality as you grew up.
- What kinds of things do you see yourself gaining control over at this time of life? What things might you lose control over? How will you deal with this loss?
- What kind of friendships do you want in the future? Be descriptive in your answer.
- How has your sense of spirituality developed in your life so far? Write about how it has changed over the years. How do you see it developing in the future? During the semester, the instructor would take time to talk with students about their journaling. Using small and large group discussion, students would talk about their reflections of the past and any new insights they developed for their future. The didactic dimension sits on the right side of the WCM.

Last, Adlerian theory serves as the theoretical foundation of the WCM; I included this dimension into the model to remind the user of the importance of its theoretical underpinnings. When developing the WCM I incorporated many Adlerian principles and concepts into the content

assignments and experiential exercises. Specifically, I attempted to integrate as many Adlerian principles and concepts into each assignment and exercise that: (a) spoke to a student's future goals (teleology), (b) accepted a student's subjective reality (phenomenology), (c) considered the multiple dimensions of a student (holism), (d) placed humanity in a positive light, (e) incorporated group work when possible (social interest), (f) attempted to include the three life tasks, and (g) integrated the material into a student's lifestyle. Refer to Ansbacher and Ansbacher (1967) for a detailed description of these principles and concepts. The Adlerian dimension is found on the bottom portion of the WCM and is seen in Figure 2.

Using, Contributing to, and Adjusting the WCM

Think of the WCM as a reservoir for pre-constructed content assignments and experiential exercises related to wellness; these assignments and exercises categorize under specific counseling courses and wellness factors, as seen on the model. I placed cross marks (X) on the face of the WCM to indicate a wellness assignment or exercise exists for a specific course and wellness factor (see Figure 1). For example, on the WCM, the square intersecting the row labeled "Ethics" and the column labeled "Thinking" lies a cross mark; this tells the user an assignment or exercise related to the wellness factor Thinking exists specifically for the Ethics course. By clicking on this cross mark, a file will open containing an assignment(s) and/or exercise(s) faculty members may use. I made the WCM available online; the website is listed with my contact information at the end of this article.

The WCM will grow and evolve over time by adding new content assignments and experiential exercises to the courses. Currently, only one or two assignments and/or exercises exist under each cross mark. I will add new assignments and exercises to provide counseling faculty with

many choices within each course. In addition, I intend to add new cross marks on the WCM where none currently exists. My goal for the WCM is to place cross marks on the entire face of the model, each containing several assignments and exercises to choose from within each cross mark. Also, I hope to include additional counseling courses and other program elements to the WCM. Additional counseling courses may include core courses, such as Counseling Practice, and other common electives, such as Counseling Children and Counseling Older Adults; additional program elements may include strategies for infusing wellness into the admissions process, advising and mentoring, and post-graduate supervision for counselors clocking hours for licensure. Thus, the WCM is young in its development and I invite all counseling faculty who may use it to also contribute to the existing inventory of wellness assignments and exercises. Directions for contributing assignments and exercises are online within the WCM.

Last, the WCM may not fit exactly with all counselor training programs based on the program's curriculum sequence. For example, I constructed the Foundations and Research courses within the WCM as an introduction to wellness and the IS-Wel model. Some counselor training programs may not require students to take these but other courses first. Therefore, I encourage counselor education faculty to revise the WCM to meet the particular needs of their counselor training program. Simply switching content assignments and experiential exercises from one course to another would be a simple adjustment. What is important to remember here is the WCM is a tool and can be used in many ways, depending on the need and makeup of the program. Next, I return to Julie's story and demonstrate how a WCM intervention may help her think about making decisions that can help her pursue wellness.

Story of Julie

Julie enrolled in Lifespan Development course for her third semester. Unknowingly to Julie, the counseling faculty infused academic wellness interventions from the Wellness Cube Model into their coursework. During the beginning of the semester Julie notices a difference in her class; the instructor does not focus on students only learning the material, but also centers on how the material relates to each of them. For instance, the instructor gives an assignment to keep a weekly journal during the lifespan class. As Julie learns about each developmental period she reflects upon her life experiences during these times in relation to many wellness factors, such as relationships, exercise, and stress management. Julie must also think forward to future developmental periods and consider how pursuing wellness can benefit her in both the present and later in life.

At different points in the semester, Julie's instructor uses a combination of small and large group discussions so students may talk about their experiences and reflections. Julie reveals to her peers how she used to spend more time with loved ones and run in the park before entering graduate school. She admitted these activities helped her stay balanced and would relieve stress. Julie also hears similar stories from her peers; they share how graduate school takes up much of their time and there seems little time for self-care. After further discussion however, the class concludes that they must make time for such things as exercise and visiting loved ones. Stephanie, one of Julie's friends who enrolled in the Lifespan class with Julie, also ran in the park before entering graduate school. Both Julie and Stephanie decide to reincorporate running back into their lives by committing to run together twice a week in the park. Julie also decided to schedule a date night with her fiancé every Friday night and meet with her parents for breakfast every Sunday morning, regardless of how much

schoolwork she needs to finish.

Research Opportunities

At this time, the WCM possesses no empirical evidence to prove its validity; however, three research themes emerge that could help substantiate the WCM as a valid intervention. The first theme would determine if exposing students to the wellness content and experiences of the WCM increases student wellness levels on a professional and personal level. For instance, on a professional level students may achieve higher grades, possess little impairment, and perform competent clinical skills. Students may also experience greater wellness within their personal life by reporting lower stress levels, stronger psychosocial resources, greater perspective about life, and more balance between life roles. Longitudinal research designs could determine how counseling student wellness changes as they progress through a counseling program. This type of study could also compare wellness levels between students exposed to the WCM with students not exposed to the WCM at various points during graduate school. In addition, qualitative research could examine students' experiences, attitudes, and perceptions toward wellness while engaged in a counselor training program that utilizes the WCM. This study could explore the decision making process students go through as they move toward a wellness lifestyle.

The second theme would focus on faculty members who use the WCM as an academic intervention and how their use of these wellness experiences may influence their pursuit of wellness. Faculty involvement in a wellness lifestyle is suggested in the directions found within the WCM and should be modeled by faculty to their student body. Faculty with higher wellness levels may benefit in the same ways as their students, achieving more professionally and personally.

The last theme involves how counselors who choose to pursue a

wellness lifestyle carry this lifestyle into their clinical practice. These counselors, engrained with wellness, may conceptualize and intervene with their clients from a wellness paradigm. Research focused on the therapeutic process and outcome measures of wellness counseling could provide a strong argument for the training and implementation of prevention-based treatments consistent with the philosophy of Professional Counseling.

Conclusion

Graduate school can produce positive growth, self-fulfillment, and varying amounts of stress. Juggling roles, managing family responsibilities, heavy course loads, and limited psychosocial resources combine to produce potentially unhealthy stress levels. At the same time, students can make choices to deal with these stressors in a way that promotes wellness. Such decisions can develop into a lifestyle that promotes health and brings wellness into their personal and professional lives. While counseling associations and counselor educators recognize the need little has been done to create a wellness intervention curriculum for counselor training programs. I constructed the WCM with the purpose to infuse wellness into counselor training. While researchers will need to determine if the WCM is an effective intervention for promoting student wellness, the first step lies with counseling faculty. They must decide if wellness is a lifestyle change that should be honored within the counselor education curriculum.

References

Adams, T., Bezner, J., & Steinhardt, M. (1997). The conceptualization and measurement of perceived wellness: Integrating balance across and within dimensions. *American Journal of Health Promotion, 11*, 208-218.

- American Counseling Association. (2005). *ACA code of ethics*. Alexandria, VA: American Counseling Association.
- Ansbacher, H. L., & Ansbacher, R. R. (Eds.). (1967). *The individual psychology of Alfred Adler*. New York: Harper & Row.
- Apple, M. L., & Dahlgren, L. G. (2003). Swedish doctoral students' experiences on their journey towards a Ph.D.: Obstacles and opportunities inside and outside the academic building. *Scandinavian Journal of Educational Research, 47*, 89-110.
- Archer, J., Probert, B. S., & Gage, L. (1987). College students' attitudes toward wellness. *Journal of College Student Personnel, 28*, 311-317.
- Association for Counselor Education and Supervision. (1993). Ethical guidelines for counseling supervisors.
- Bloom, L. & Bell, P. (1979). Making it in graduate school: Some reflections about the superstars. *Teaching of Psychology, 6*, 231-232.
- Brannock, R. G., Litten, M. J., & Smith, J. (2000). The impact of doctoral study on marital satisfaction. *Journal of College Counseling, 3*, 123-130.
- Caplan, G. (1964). *Principles of preventative psychiatry*. New York, NY: Basic Books. Chi Sigma Iota.
- Cooke, D. K., Sims, R. L., & Peyrefitte, J. (1995). The relationship between graduate student attitudes and attrition. *The Journal of Psychology, 129*, 677-688.
- Council for Accreditation of Counseling and Related Educational Programs [CACREP]. (2009). Retrieved from <http://www.cacrep.org/2009standards.pdf>
- Dunn, H. L. (1961). *High-level wellness*. Arlington, VA: R. W. Beatty.
- Forrest, L., Elman, N., Gizara, S., & Vacha-Haase, T. (1999). Trainee impairment: A review of identification, remediation, dismissal, and legal issues. *The Counseling Psychologist, 27*, 627-686.
- Frazier, P. A., & Schauben, L. J. (1994). Stressful life events and physiological adjustment among female college students. *Measurement and Evaluation in Counseling and Development, 27*, 280-292.
- Gold, J. M. (2006). Profiling marital satisfaction among graduate students: An analysis of the perceptions of masters and doctoral students. *Contemporary Family Therapy, 28*, 485-495.
- Golde, C. M. (1998). Beginning graduate school: Explaining first-year doctoral attrition. *New directions for higher education, 101*, 55-64.
- Hattie, J. A., Myers, J. E., & Sweeney, T. J. (2004). A factor structure of wellness: Theory, assessment, analysis, and practice. *Journal of Counseling and Development, 82*, 354-364.
- Hettler, W. (1984). Wellness: Encouraging a lifetime pursuit of excellence. *Health Values: Achieving High Level Wellness, 8*, 13-17.
- Hensley, L. G., Smith, S. L., & Thompson, R. W. (2003). Assessing competencies of counselors-in-training: Complexities in evaluating personal and professional development. *Counselor Education and Supervision, 42*, 219-230.
- Ivey, A. (1991). *Developmental strategies for helpers: Individual, family, and network interventions*. Pacific Grove, CA: Brooks/Cole.
- Jacks, P., Chubin, D. E., Porter, A. L., & Connolly, T. (1983). The ABC's of ABDs: A study of incomplete doctorates. *Improving College and University Teaching, 31*, 74-81.
- Kress, V. E., Protivnak, J. J. (2009). Professional development plans to remedy problematic counseling student behaviors. *Counselor Education and Supervision, 48*, 154-166.

- Leppel, K. (2002). Similarities and differences in the college persistence of men and women. *Review of Higher Education, 25*, 433-450.
- Levinson, D. J. Darrow, C. N., Klein, E. B., Levinson, M. H., & McKee, B. (1978). *The seasons of a man's life*. New York, NY: Alfred A. Knopf.
- Lumadue, C. A., & Duffey, T. H. (1999). The role of graduate programs as gatekeepers: A model for evaluating student counselor competence. *Counselor Education and Supervision, 39*, 101-109.
- Myers, J. E., (1992). Wellness, prevention, development: The cornerstone of the profession. *Journal of Counseling and Development, 71*, 136-139.
- Myers, J. E., Mobley, A. K., & Booth, C. S. (2003). Wellness of counseling students: Practicing what we preach. *Counselor Education and Supervision, 42*, 264-274.
- Myers, J. E., & Sweeney, T. J. (2005a). The Indivisible Self: An evidence-based model of wellness. In J. E. Myers & T. J. Sweeney (Eds.), *Counseling for wellness: Theory, research, and practice* (pp.29-37). Alexandria, VA: American Counseling Association.
- Myers, J. E., & Sweeney, T. J. (2005b). The indivisible self: An evidence-based model of wellness. *Journal of Individual Psychology, 61*, 269-279.
- Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling and Development, 86*, 482-493.
- Myers, J. E., & Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling and Development, 78*, 251-266.
- Nordstrom, C. R., & Segrist, D. J. (2009). Predicting the likelihood of going to graduate school: The importance of locus of control. *College Student Journal, 43*, 200-206.
- Protivnak, J. J., & Foss, L. L. (2009). An exploration of themes that influence the counselor education doctoral student experience. *Counselor Education and Supervision, 48*, 239-256.
- Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2002). Risky families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin, 128*, 330-366.
- Scepansky, J. A., & Bjornsen, C. A. (2003). Educational orientation, NEO PI-R traits, and plans for graduate school. *College Student Journal, 37*, 574-582.
- Smith, H. L., Robinson, E. H., & Young, M. E. (2007). The relationship among wellness, psychological distress, and social desirability of entering master's-level counselor trainees. *Counselor Education and Supervision, 47*, 96-109.
- Sweeney, T. J. & Myers, J. E. (2005). Counseling for wellness. In J. E. Myers & T. J. Sweeney (Eds.), *Counseling for wellness: Theory, research, and practice* (pp. 185-195). Alexandria, VA: American Counseling Association.
- Sweeney, T. J., & Witmer, J. M. (1991). Beyond social interest: Striving toward optimal health and wellness. *Individual Psychology, 47*, 527-540.
- Toews, J., Lockyer, J., & Brownwell, A. (1993). Stress among residents, medical students, and graduate science (MSc/PhD) students. *Academic Medicine, 68*, 46-48.
- Walter, J. L. & Peller, J. E. (1996). Rethinking our assumptions: Assuming anew in a postmodern world. In S. D. Miller, M. A. Hubble, & B. C. Duncan (Eds.), *Handbook of solution-focused brief therapy* (pp. 9-26). San Francisco, CA: Jossey-Bass.

- Walter, J. L. & Peller, J. E. (2000). *Recreating brief therapy: Preferences and possibilities*. New York, NY: Norton.
- Wilkerson, K. (2006). Impaired students: Applying the Therapeutic Process Model to graduate training programs. *Counselor Education and Supervision, 45*, 207-217.
- Witmer, J. M., & Granello, P. F. (2005). Wellness in counselor education and supervision. In J. E. Myers & T. J. Sweeney (Eds.), *Counseling for wellness: Theory, research, and practice* (pp. 261-271). Alexandria, VA: American Counseling Association.
- Witmer, J. M., & Young, M. E. (1996). Preventing counselor impairment: A wellness approach. *Journal of Humanistic Education and Development, 34*, 141-155.

- World Health Organization. (1958). *Constitution of the World Health Organization*. Geneva, Switzerland: Author.
- Yager, G. G., and Tovar-Blank, Z. G. (2007). Wellness and counselor education. *Journal of Humanistic Counseling, Education, and Development, 46*, 142-153.

Profile

I possess a Ph.D. in Counselor Education and I am a Licensed Professional Counselor. I am an assistant professor in a CACREP-accredited masters level counseling program. I am a published author and presented at many counseling conferences all over the United States. My research interests involve wellness, counselor training, gerontology, and retirement.

<http://dx.doi.org/10.7729/21.0112>

Appendices

Figure 1. The Wellness Cube Model

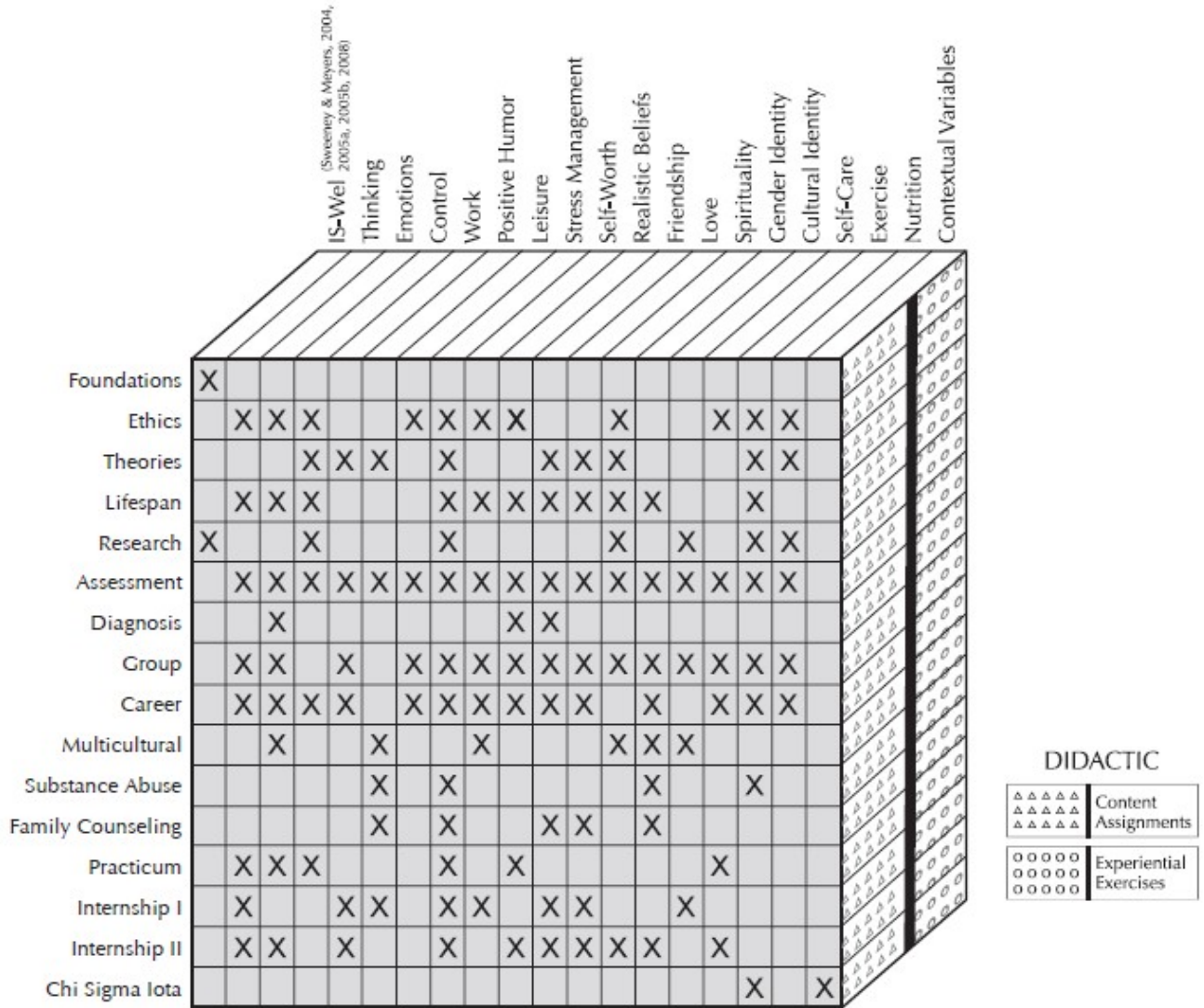


Figure 2. The Wellness Cube Model Bottom View

