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Counselor Educators' Integration of Wellness with Doctoral Students within CACREP-Accredited Programs

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Abstract

The purpose of this phenomenological study was to explore seven counselor educators' experiences integrating wellness during the teaching and training of doctoral students in CACREP accredited counselor education programs. Themes associated with specific teaching modalities, wellness needs of doctoral students, and counselor educators' own wellness practices are discussed.

Keywords

wellness, doctoral student preparation

Counseling has grown to become a mental health discipline with tenets that place direct emphasis on individual wellness practices, strength-based interventions, and holism (Meany-Walen, Davis-Gage, & Lindo, 2016; Puig et al., 2012). The historical influence and value wellness has imparted on the field of mental health counseling has fueled an ongoing movement of wellness research, practice, and training within the field that has spanned across decades (Myers & Sweeney, 2007). Moreover, wellness has been a primary facet in the domain of counselor education and supervision (Witmer & Granello, 2005). Although, wellness remains to be a popular topic in mental health counseling and counselor education overall, there is a paucity of literature to support best practices of how to appropriately integrate wellness into counselor educator pedagogy (Stalnaker-Shofner & Manyam, 2014), particularly with regards to training doctoral students. Thus, the purpose of this paper is to explore how counselor educators specifically utilized wellness-infused teaching instruction and curriculum with their respective doctoral students enrolled in CACREP accredited doctoral programs.

Wellness and Counselor Education

Counselor education programs utilize curriculum and various teaching modalities to educate and impart students on the importance of wellness and self-care practices as they progress through their training and development (Smith-Adcock, Thompson, & Wolf, 2012; Witmer & Granello, 2005). There has been a great deal of importance and value placed on the awareness and development of wellness and self-care practices for counselors (Meany-Walen et al., 2016). This has been commonly apparent when conceptualizing wellness as a theoretical concept and applicative practice designed to help counselors prevent professional impairment related issues (Meany-Walen et al., 2016). This process can occur during the educational component of counselor development, such as in the classroom, but can also occur during the supervision process

(Blount, Taylor, Lambie, & Anwell, 2016; Lenz, Sangganjanavanich, Balkin, Oliver, & Smith, 2012; Myers & Sweeney, 2007). Moreover, counselor education curriculums have been instrumental in preparing counselors to identify wellness as a vital piece of their development and sustainability as professionals within the field of mental health counseling (Meany-Walen et al., 2016). The concept of “practice what you preach” seems to be a thematic statement representative of the critical need of wellness practices for the counseling professional, due to the high rates of burnout and other professional impairment related problems (Lawson, 2007; Meany-Walen et al., 2016).

Wellness can act as a safeguard or a preventative measure for the counseling professional to assist in protecting themselves as they progress through some of the perils they are likely to encounter within their careers (Meany-Walen et al., 2016; Stalnaker-Shofner & Manyam, 2014; Wolf, Thompson, Thompson, & Smith-Adcock, 2014). These challenges could be related to the nature of the counselor-client relationship, which entails a great deal of emotional energy exerted by the counselor (Lawson, 2007). This dynamic can make counselors susceptible to professional impairment related issues such as vicarious trauma, compassion fatigue and burnout (Lawson, 2007). Furthermore, counselors can often be employed with mental health agencies and facilities that are institutionally unwell due to several factors. Counselors will often have high caseloads with limited time and resources, and the institutions may have very limited resources and funding, administrative issues and management problems, and poor or insufficient clinical supervision (Lawson, 2007). Therefore, counselor education programs can greatly benefit their students if they sufficiently prepare them to practice and embody wellness, due to some of the possible challenges they may encounter when entering the mental health counseling field.

Although wellness can be considered a preventative measure to help protect counselors from potentially harmful related professional issues, wellness can be conceptualized as much more (Blount et al., 2016). In fact, wellness and self-care for the counseling professional can be a term synonymous with health and optimal or ideal functioning (Witmer & Granello, 2005). Wellness can be a model of life for the counseling professional. Wellness, as noted in the literature, can be universally conceptualized, but can also contain subjective experiences and practices that are unique to the individual (Blount et al., 2016).

Statement of the Problem

Although there has been a great deal of attention given to wellness as a vital need in counselor development and preparation, there exists a very limited number of empirical studies identifying how wellness is specifically integrated and applied within counselor education settings (Stalnaker-Shofner & Manyam, 2014). Moreover, within the existing literature, the focus of how wellness is specifically integrated into counseling curriculums and supervision has been focused on its utilization with master's level counseling students (Stalnaker-Shofner & Manyam, 2014). There is an even more notable paucity within the literature exploring wellness related to doctoral students (Gleason, 2015). To date, there are very few published studies that explore the wellness of doctoral students (e.g., Myers, Mobley, & Booth, 2003; Perepiczka & Balkin, 2010; Pierce & Herlihy, 2013). However currently, there have been no published studies exploring the methods of wellness instruction and integration utilized by counselor education faculty members during the training of doctoral students in counselor education and supervision programs (Gleason, 2015). Considering that personal factors such as overload and personal and familial stressors contribute to doctoral student attrition (Smith, Maroney, Nelson, Abel, & Abel, 2011), a deeper investigation into the use of wellness practices in doctoral programs may provide avenues of research or

immediately transferable practices to increase retention. Additionally, previous researchers have established the value of wellness practice for counselors and called for investigation into the ways in which wellness practices are fostered within counseling and counselor education students (Roach & Young, 2007; Shillingford, Trice-Black, & Butler, 2013). Thus, this study qualitatively explored how counselor educators teaching in CACREP accredited doctoral programs utilize wellness during the training of their doctoral students.

The research question initially proposed for the study was: What are the experiences of wellness-focused counselor educators training doctoral students in wellness? During the inquiry process, this general question was focused into more specific questions using the reflective qualitative question formation process described by Agee (2008) wherein a single qualitative question is unpacked into sub-questions that better reflect the aim of the research. Moreover, Hoffding and Martiny (2015) proposed a questioning framework within phenomenological interviewing that seeks to ask and explore the *what*, *why*, and *how*. The authors of this paper chose to utilize question formatting by asking the interviewees *how* they might use wellness instruction, in addition to *what* they believe the wellness needs of their students might be, as well as their personal experience of integrating wellness. Hoffding and Martiny (2015) mentioned that questions can seek to develop an analysis of the lived experiences of their interviewees. The questions within this phenomenologically informed interview sought to understand how these counselor educators have taught or instructed wellness with doctoral students, integrated wellness into their supervision with doctoral students, and how they have mentored wellness with these students. This study utilized a set of research questions that includes:

1. How would you describe your experience of integrating wellness during the training of your doctoral students when teaching, supervising and mentoring these students?

2. What do you believe are some of the wellness-based needs of doctoral students in counselor education and supervision (CES) specifically?
3. With regards to wellness, how do you practice what you preach?

Method

Research Design

This study utilized a phenomenological approach. Phenomenology posits that the lived experiences of individuals can help to facilitate a universal description and understanding of the meaning and experiences of the phenomenon being studied (Moustakas, 1994). Within this study, a phenomenological approach was utilized to explore faculty members' experiences with integrating wellness concepts, methods and applications into the training of their doctoral students in CACREP accredited counselor education and supervision (CES) programs. This process could be done most effectively by a phenomenological approach, as it sought to understand the essence and specific experience of how CES faculty could effectively deliver and instill the embodiment of wellness into their respective doctoral students while providing teaching, supervision, mentoring and gatekeeping. Creswell (2007) noted the phenomenological approach can help to facilitate an understanding and description of the commonalities individuals have when experiencing a phenomenon. Therefore, the researcher sought to categorize the descriptive experiences of these faculty members with respect to wellness instruction during the training and educational experience.

Target Population and Sample Selection

The participants sought out for this study were all faculty members in CACREP accredited counselor education and supervision programs. There were two primary criteria that needed to be met for the potential participant to be involved in the study. First, the individual needed to be

either a current or previous (within five years) faculty member who held a teaching position in a CACREP accredited CES doctoral program. Secondly, the participant needed to have a vested interest in wellness in counselor education. This interest could be indicated by some evidence of scholarship associated with wellness, participation in a committee or organization that encouraged wellness for the counseling profession, experience teaching wellness within a counselor education program, or a personal disclosure denoting their interest in the promotion and integration of wellness in counselor education.

The primary researcher recruited faculty members by utilizing a purposive sampling technique. Clark and Creswell (2010) noted that purposive sampling is used when there is a targeted group of individuals who are knowledgeable about a particular phenomenon, or possess characteristics that are of interest to the primary researcher. Faculty members who have experience in educating CES students during their doctoral training are usually the same individuals who are conducting much of the latest research on specific theoretical content associated with counselor and counselor educator preparation (Myers & Sweeney, 2007). Thus, utilizing purposive sampling in targeting the population of CES faculty members was an appropriate sampling technique for acquiring a sample for this phenomenological study. The researcher determined which participants to utilize by identifying the authors of some of the recent scholarly publications on wellness in counselor education.

The sampling strategy that was used was heterogeneous, which is also known as maximum variation sampling. Clark and Creswell (2010) noted that heterogeneous sampling relies on selecting participants who possess diverse characteristics, so the researcher can attain a greater variety of a sample. This technique was implemented, as the primary researcher recruited CES faculty members with varying demographic characteristics including age, race, gender, years of

teaching experience, and geographical area of universities where the faculty members held teaching positions.

Procedures

The primary researcher of this study made initial email contact with 20 faculty members as a method of seeking out potential participants for the study. The 20 faculty members were identified by the number of publications they had in peer reviewed journals. To conduct this task, the primary researcher used Google Scholar Metrics. This software helped to facilitate two primary pieces of data: how many specific counseling publications the author had with wellness as a keyword and how many times those articles were cited. Upon synthesizing this information, the primary researcher conducted a Google search of these counselor educators to determine if they were still teaching and with which institution. Upon determining this information, the primary researcher emailed the individuals through their work emails. The email provided the member of the population with an introduction to the study and attachments that included the institutional review board approval letter, the informed consent, and the purpose of the email, which was to gather qualitative data associated with the integration of wellness in counselor education and supervision with doctoral students. Consenting participants responded to the initial email and were scheduled for a telephone interview. It was mentioned in the second corresponding email that the telephonic interview would be recorded and the data gathered during the interview would remain anonymous and confidential.

Data Collection

The primary researcher was the instrument of the study. Xu and Stor (2012) illustrated that qualitative research facilitates the process of utilizing the researcher as the instrument. This process utilized the telephone interview which entailed asking the primary research questions, but also

utilized semi-structured interview questions, which acted as a resource to assist in guiding the interviewing and data acquisition process. Jamshed (2014) noted that core interview questions are implemented, but the researcher can also use additional questions depending on how the interview transpires. It is noted that this process can be done face to face or in the absence of a physical interaction, such as by the utilization of telephone. The following are examples of the semi-structured questions used in the study; these questions were generated and informed by the literature review:

1. How do you teach wellness to your doctoral students?
2. How does the supervision you provide for your doctoral trainees incorporate wellness?
3. What are your methods for identifying the specific wellness needs of your doctoral students?
4. How would you envision wellness being most effectively implemented within counselor education curriculums and programs, specifically regarding doctoral student training?

Data Analysis

The data analysis process within phenomenological research should be integrated into the process of data collection when the researcher begins the process of data gathering (Jamshed, 2014). Therefore, the primary researcher utilized the data collected during the telephone interview as the primary and raw material that was to be analyzed. The data analysis process can be applied in a way that establishes themes, extracting and organizing specific themes that are of relevance, creating a system of hierarchy with the identified themes, and connecting themes into theoretical models (Ryan & Bernard, 2003). Within this process, upon the generation of a verbatim

handwritten transcription, open coding acted as the technique to sort through the audio transcriptions to reduce the data as a method of establishing primary categorical items.

The primary researcher utilized open coding by way of hand written transcribing to make specific inferences by reviewing the responses of the participants during the interviews, while noting the similarities and differences in the responses amongst the various participants, while the researcher self-reflected with questions such as, “What does the individual mean by this statement?” which is a process that Creswell (2007) recommends. These responses were then grouped together to form independent categories and were read by the researcher several times which helped to facilitate a filtering and refinement review of the material, a process that facilitated interviewer to utilize axial coding.

The coding process was utilized to reduce the categories into a smaller number of themes, which then facilitated the development of the textural and structural descriptions. Textural descriptions focus on detailing participants experience with a topic, often including quotes and concrete data from the participant. From the textural descriptions, a structural description is developed that attempts to embody how the textural elements were experienced by participants (Patton, 2001). Moustakas (1994) illustrated that the textural and structural descriptions are the elements that can facilitate an interpretation of the essence of the phenomenon being explored; textural description depicts what is experienced while structural description depicts how it was experienced. Thus, the data analysis process utilized a systematic approach that included several different methods to help extract the themes necessary to represent the interpretation of the meaning of the phenomena being explored.

Epoché and Trustworthiness

Englander (2016) describes the process of epoché in qualitative methods as an intentional process by researchers to identify their natural attitudes toward a subject and bracket those attitudes in order to look at the subject in a new way. The researchers engaged in a process of reflexivity during the research process to better serve as instruments through which to engage in phenomenological study. At the time of data collection, the primary researcher was a doctoral student in a counselor education program as well as a practicing mental health counselor. The second researcher entered the project after data collection and was a new counselor educator as well as a practicing mental health counselor. Both researchers attended doctoral and graduate counseling programs that highlighted the importance of wellness, both in counseling practice and our personal lives. Due to these positionalities, the researchers identified their own definitions of wellness and their relationships to wellness in counseling and counselor education so as to bracket these attitudes and continually evaluate if the reduction of phenomenological data during analysis maintained the essence of what was learned from subject, rather than what was expected of the researchers (Englander, 2016).

Member checking was also utilized to help contribute to the validity and accuracy of the data gathered during this interview. The primary researcher also produced an audit trail for this study to enhance research credibility (Miller, 1997). The audit trail for this study included the transcriptions and recordings of the interview, raw data from the study, and the primary researcher's reflexive journal, which was used to help delineate any researcher bias.

Results

Sample Demographics

The study included a sample of seven participants who all engaged in providing educational instruction to doctoral students in CACREP accredited programs at some point in their career. The ages of these participants ranged from 37 to 72 years of age, and careers as counselor educators that spanned from one year to 43 years. There were three males and four females that participated in the study. All seven of the participants possessed a terminal doctoral degree in either counseling or counselor education and supervision. Five of the seven participants had generated peer-reviewed publications on the topic of wellness.

All seven participants identified with having a wellness-infused pedagogy, which included either having taught a specific course on wellness or experience infusing wellness during their curricular activities with doctoral students. All seven of the participants had taught, supervised, and mentored doctoral students in some capacity. It became pertinent that teaching, supervision, and mentoring were delineated during the interview, as the data emerged themes that were specific to each mode of working with doctoral students. Each participant was assigned a pseudonym to protect their anonymity in this study. The pseudonyms for the participants consist of Faculty Member 1, which will be shortened to FM1, or FM2, and so on.

Research Question 1 Themes

The first research question sought participant description of integrating wellness during training of doctoral students. The data analysis process generated the following three themes associated with the integration of wellness in counselor education: (a) conceptual-based wellness teaching, (b) experiential-based wellness teaching, and (c) subjective-based wellness training.

Conceptual-based wellness teaching. A primary theme that emerged was conceptual-based wellness teaching. All the participants described some component of their teaching of wellness to be grounded in conceptualization during some stage of the curricular experience. Many of the participants made mention to the specific ways in which they utilized conceptual teaching practices of wellness as modes of delivery for their doctoral students. FM3 shared her perception of how she believed wellness should be taught to doctoral students and reported that:

I mean, [doctoral students] most likely have a few years of experience as counselors and they hopefully have learned about basic wellness concepts, so I go right into teaching how they should know about some of the counseling related models of wellness, like stuff from Jane Myers and others who really understood wellness in a counseling context. I teach a wellness class that is specific to counseling clients and focuses on self-care, like for the students themselves. So, I have them learn the counseling models that inform wellness practices in counseling. I do this because wellness can mean so many different things; I want my doctoral students to understand wellness from a counseling perspective.

FM3's response indicates that counselor educators might benefit from carefully considering how they conceptually plan to teach wellness, particularly with doctoral students in counselor education programs. Her response speaks to the potentiality to utilize conceptually-sound wellness material that has roots specific to the counseling profession. In addition to utilize counseling related wellness models, many of the participants discussed some of the different curricular formats with which they experienced teaching wellness to doctoral students in counselor education programs. Specifically, there were three different modes of teaching wellness regarding the programmatic structure of delivering wellness material to students in counselor education that were identified when interviewing FM5. FM5 has several publications relating to wellness in the counseling profession, particularly regarding how to teach wellness. However, many of the publications that were created by FM5 regarding wellness in counselor education were associated with teaching master's students, but he noted some perspective relating to doctoral students as well and stated:

I think faculty members can teach wellness, as far as in the classroom, a few different ways. You can teach a class on wellness, which basically focuses on educating students about wellness and self-care. You can also have what we call a wellness-infused curriculum which basically means wellness is taught to students in every course they take, or you can create a program that is philosophically grounded in wellness, which is pretty rare. But I think personally, it's realistic to teach wellness in each and every course so your students are constantly exposed to wellness. This is good for master's students but this also really important for my doctoral students because they are going to need to know how to not only practice wellness themselves, but then they need to be able to teach their students wellness, and that is a big responsibility. So, I always need to remember I am teaching my doctoral students how to teach wellness.

This comment speaks to the different ways wellness could possibly be infused in the curriculum for doctoral students. It may be advantageous for CES programs to specifically identify how they deliver wellness material to future educators during their own education.

FM4 responded to the first research question by also discussing how to effectively deliver wellness material in a classroom setting. She made mention to doing this by utilizing a wellness class, similarly to what has been found to be effective in the counseling related literature on wellness in counselor education (Witmer & Granello, 2005). However, FM4 shared about her perceptions of what a wellness class could be for doctoral students. FM4 stated:

I have taught a wellness class, but it was for master's students. You know I have never thought about a wellness specific course for doctoral students, but why shouldn't we have one? I think programs absolutely should because of the need doctoral students have. I think master's students can be easily overwhelmed with all of the demands, but I think doctoral students are more stressed due to all of the demands they have. So yeah, I think a wellness course specific to doctoral students should exist.

The need for a specific course on wellness for doctoral students, or the need for a more wellness-infused curriculum for doctoral students could be beneficial for students, based on some of the thoughts and responses for FM1. The participant's response made mention to the need for doctoral students to have classes, or class content, that specifically addresses wellness; however, he reported he felt like he needed to be creative with teaching wellness to doctoral students. FM1

shared he believes wellness has a great range of how it can be taught and discussed the utilization of allegories as a conceptual piece when teaching doctoral students wellness:

For several years, I have used an allegory with my students about this person, this main character in this story, who faces enormous challenges in his life. The short story basically depicts this man who is faced with great adversity, but always finds resourceful ways to work through his challenges. I will have my students read this and then I will have them do two things. The first thing I have them do, is I have them take notes about how this character practices wellness. The next thing I have them do is write down how they may handle the challenges differently. You see what I'm doing here? I am having them identify how others may practice wellness (like the character of the story could represent their clients, students or supervisees). And then I am having them dig deeper to find their own wellness paths.

Experiential-based wellness teaching. In addition to educating doctoral students about wellness with traditional and conceptual teaching, faculty members also gravitated toward experientially-derived teaching practices with regards to wellness. Many of the faculty members were, in fact, advocates of teaching wellness experientially as the primary method versus other methods of training. Faculty members noted that when using experiential-based methods for teaching wellness, students were much more inclined to become familiarized with how to establish and practice wellness. For example, FM7 stated:

So, for me, I think it is so important for all of my students to have concrete ways of learning wellness. For example, the first thing I do with my doc students in every class is start with a grounding practice. I may have them do a five-minute meditation, or a deep breathing exercise, or some yoga stretches. I do this for a few reasons, but the main reason I do this is because I want them to understand that before anything-they must be well, like before they can go out there and teach counselors how to be well and tell clients how to be well, they need to have wellness. So, these experiential activities almost act as like little reminders to slow down and check yourself and make sure you're good. Right? You have to be well before you try to help anyone else or teach anyone else how to be well, so it's a reminder of that.

FM2 discussed his role with doctoral students and mentioned that he finds himself doing a great deal of experiential teaching and supervising with his doctoral students. Supervision in some capacity was brought up by some of the faculty members and was noted to be a dynamic way

where faculty members felt like doctoral students were able to learn a great deal about wellness and self-care. FM2 stated:

I am just constantly in a supervisory role with my doctoral students... I will have my doctoral student check-in with themselves and have them assess if they were using wellness-informed supervision. Let's say they are supervising a master's student who is in practicum and that master's student is having a lot of difficulty with feeling overwhelmed and the doc student may have not really helped that master student come to some sort of resolution with that issue. I would ask that doc student to think of how they could implement wellness into the supervision process with their master's student. It's almost like I have to teach or supervise wellness so my doc student can do the same for his master's student, which can then be hopefully felt by the client.

This comment made by the faculty member speaks to what Blount et al. (2016) illustrated with regards to the importance of utilizing a wellness-informed counseling supervision model, and the positive impact that can be derived from incorporating wellness into the supervision process. In addition to utilizing wellness during the supervisory experience of doctoral students, experiential-based teaching was also noted as being an important way of helping doctoral students achieve balance and self-care in their lives.

Subjective-based wellness teaching. The theme of subjective-based wellness teaching is associated with the method in which counselor educators identify doctoral students' specific wellness needs. Moreover, this theme also describes how educators promote universal practices regarding wellness, while also fostering the individualized and subjective wellness needs and characteristics of each individual student, which mirrors that of wellness-informed counseling (Oberst & Stewart, 2003). This was evident when interviewing FM4 who described elements of teaching wellness subjectively:

I am a big advocate in knowing my doctoral students on a personal level... If I have a student who works full time, has kids, is doing research and is stressing, I might ask how they are specifically handling all of those responsibilities. It comes up in the relationship, so it comes out in the way I teach or mentor them. I think having this personal relationship really helps me know them on an individual level. It's a lot like having different clients with different issues, they are going to have different wellness needs, just like my PhD

students, there is no difference as far as I see. So, this informs my teaching, my relationship with them.

The idea and practice of identifying doctoral student's specific needs came up for FM7 when teaching in the classroom and having relationships with students. The participant discussed the importance of understanding how students' self-care practices influence their learning experience. This participant also found that helping students identify their own personal self-care and wellness practices is critical in their development and stated:

...I want [my doctoral students] to succeed so I try to make sure they are practicing self-care. How I do this is by having them create what I call their self-care agenda. All this is, is basically student's personal information of how they take care of themselves. You may have a student who runs for exercise and another who likes to cook; obviously there are a lot of different activities that students come up with. But, I like to know these things because I can then check in with them. I may say to one student, "Have you learned any new dance moves yet?" if they are into dancing for self-care, or I may ask another student, "How is your meditation practice going." So really individual stuff, but it helps me because if I notice that they look 'off' in class one day, it may have something to do with their lack of self-care.

Research Question 2

The second research question focused on participants experiences of doctoral student needs in regard to wellness. Themes that emerged from the data associated with research question two consisted of: (a) Boundaries and Balance and (b) Professional Identity Developmental Issues. When interviewing the participants and inquiring about wellness needs that were specific to doctoral students, concepts associated with students' lack of boundaries, balance, or time management became commonly discussed topics. It was evident that the interviewers felt that doctoral students' wellness became compromised when their students did not practice self-care regimens that facilitated healthy things such as stress-management, boundaries or effective time-management skills. When interviewing FM2, the participants mentioned their perceptions of this very issue in stating:

I think doctoral students get in trouble when they take on too much, for example if they do not learn how to say no to certain things. There are so many things these students have to say yes to, there's a great deal of prevention with using the word no. Just recently, I advised a doctoral student of mine to stop taking on so many different projects. She was clearly ambitious and wanted to do well, but she was getting overwhelmed where it was affecting her performance. Finally, I had to say to her that it may be best if she set some boundaries with herself so she can have longevity throughout her program. It's interesting though because, it was counselor educators who were putting these additional pressures on her to publish and present at conferences, etc. But, I expressed to her that she was the only one who could say enough is enough; it was her responsibility at the end of the day.

This response seemed to align with some other interviewees' responses regarding doctoral students' specific wellness needs. FM5 discussed his opinion of doctoral student's wellness needs as also being strongly associated with stress-management. However, he also noted that the wellness could be a very influential factor in a doctoral student's ability to be successful.

Wellness can make or break a student. I mean let's say you have two doctoral students who have the same amount on their plates. They've both got assignments, they both have goals to publish, they both want to be involved in doing some form of participation at conferences, obviously they've got dissertation at some point. Their demands virtually look the same, but let's say only one of those students can manage stress or doesn't practice boundaries or whatever, basically doesn't take care of themselves, that student is going to be faced with just as many challenges as the other student, but because they don't understand wellness and self-care and all that it encompasses, they're going to face some additional stressors.

The importance of doctoral students identifying their own wellness needs was noted by participants. However, it was also discovered that the educators themselves felt the need to identify issues associated with wellness with their respective doctoral students. There were several coded responses in the data that were associated with the faculty members themselves having a collaborative responsibility with their students, in assisting them to develop professionally into counselor educators. These responses aligned with what Dollarhide, Gibson, and Moss (2013) and Goodrich, Shin, and Smith (2011) illustrated in their studies exploring doctoral students' professional identity development in counselor education.

With regards to the professional identity component, another interviewer shared about her experiences with how wellness can be specifically integrated into this process. FM6 illustrated this by stating:

[Doctoral students] often times have very little understanding of how much their schooling program is going to demand of their time, until they get to the point and then they understand. I really feel for my students who are moms and dads, that's probably because I was a mom when I entered into my doctoral program, so I get it. But I really try to connect with my students in a way where they are understanding what their role is or should be. I advocate for them to present and publish and things like that, but I do this because I want them to be successful and prepared for their future.

The responses to research question two illuminate some primary characteristics associated with the specific wellness needs of doctoral students. The most thematically relevant concepts associated with research question two include balance, boundaries, prevention, stress-management, and time management. Areas that appear to be profoundly pertinent to the doctoral student's ability to be successful in their programs, based upon the responses made by faculty members. However, there was also the emergence of issues associated with professional identity development and its impact on wellness, as being an area of relevance for the participants. This was particularly relevant because of the unique challenges that are associated with counselor educator professional identity development and its potential to impact student wellness during the process of development.

Research Question 3

With the third research question, we sought to understand how participants practiced their own wellness as they trained doctoral students in wellness. The themes that emerged from the third research question were: (a) Modeling, (b) Transparency, and (c) Dedication. Modeling emerged during the coding process as a theme related to educators practicing their own wellness. The posed

question, “Do you practice what you preach?” elicited a great deal of responses that were associated with wellness. FM2 stated:

One lives wellness; you know what I mean by that? If you’re around me long enough and you know what wellness looks like or does not look like, you’ll have a pretty good idea if I am practicing it. The same goes for my doctoral students. If I am not well, they are going to pick up on it. And what message does that send? Here I am telling you all day that you need to be well, yet I don’t live it, then that is hypocritical. My students, I hope, know that I strive for wellness. It’s like anything, its work, but I try to live it.

Another faculty member shared a similar response and expressed that she is known at her university as the “wellness girl.” This participant also discussed the theme of transparency, along with modeling. FM6 stated:

I teach the wellness course and I also do wellness workshops, so I am constantly affiliated with the subject. That’s good for me though, because I am held to a standard that I need to practice what I preach. I try to also be transparent with my students. I think it’s important for me to be congruent with people; years ago, I would always tell people I was fine or okay, even if I wasn’t. Now, I don’t do that, now I will say when I am having a bad day, I try to be appropriate with it, but I also want to be honest with myself and others, which I think speaks to wellness.

In addition to the emerged themes associated with faculty members’ own personal practice of wellness and transparency, the educators also made responses that supported the theme of dedication. This came up, particularly when participants were asked, “Do you feel that the educators in our field are doing a good job with educating the next generation of educators about effective wellness practices?” There were mixed responses, but most led to the concept of dedication. FM6 stated:

I feel like we could be doing a better job teaching doc students wellness. I think compared to other mental health disciplines, we may be doing the best, but I think we could do better. Like we discussed earlier, there are some counselor educators who do practice wellness, but there are plenty who do not, and this impacts the next generation of counselor educators.

Another participant shared a different view to the question above. FM1 stated:

I do think we are doing a good job with this. I think as a whole, we are practicing

wellness and you can see it in our doc students. I think wellness is still a really hot topic in the profession and obviously has been for a long time. Personally, at my university, we are really wellness-informed, so I can only speak to what we do, but I can tell you that we are dedicated to the wellness with future counselor educators to practice wellness.

Discussion

The findings of this study helped to facilitate a clearer picture of the lived experiences of wellness-focused counselor educators training doctoral students in wellness. There were both similarities and differences about how wellness was taught to doctoral students as well as varying ways to most effectively encourage wellness for doctoral students during their own teaching, supervision and mentoring experiences. Much of the data emerged themes that spoke to the desire of faculty for doctoral students to understand concepts and practices associated with boundaries, holism, self-care, as well as, healthy and effective mechanisms to develop professionally as counselor educators. The idea that faculty members' engagement with effective mentoring and placing focus in areas of relational development with their students helps to shed some light on how wellness can thrive more effectively in counselor education. This is consistent with existing findings that positive faculty-student relationships serve as a source of resilience for graduate (Jensen, Doumas, & Midgett, 2016) and doctoral students (McBain, 2019).

It is also evident that old adages such as “practice what you preach” and “physician, heal thyself” hold some semblance of truth for counselor educators regarding their own practice of wellness, and the impact that practice has on their students. Myers, Trepal, Ivers, and Wester (2016) found that counselor educators value wellness practice in their own lives but struggle to implement such practices. While counselor educators may wish to exemplify healthy wellness practices, time constraints, professional obligations, and others challenges may curtail their ability to model wellness to students. Results from the current research indicate that, for our wellness-

focused counselor educator participants, modeling wellness is an encouraged instructional strategy, even in instances when such modeling may be challenging.

The results of this study indicate that wellness is a common element in counselor education, and wellness seems to be advocated for the practice of counselors by counselor educators. The educators seemed to have teaching philosophies and pedagogies that were informed by wellness, which influenced their approaches with their students. However, it appears that wellness is usually taught in a relatively ambiguous manner. There appears to be little to no common understanding of what constitutes best practices for practicing wellness and teaching wellness to counselor education students, particularly at the doctoral level. This is consistent with earlier research that indicated that counselor education pedagogy research is focused in only a small number of areas and is particularly lacking in research on doctoral level pedagogy (Barrio Minton, Morris, & Bruner, 2018). Ambiguous wellness instruction may be the product of anemic counselor education research in developing empirically-supported wellness instruction curricula. We would include wellness as an area in which specific best practices in pedagogy are needed, and this study may provide the preliminary areas of focus and comparison for such pedagogical research: conceptual, experiential, and subjective-based methods of wellness training.

Implications for Practice

The results of the study indicate that counselor educators do believe wellness is a highly valuable teaching tool for doctoral students. Where ambivalence exists, however, is associated with how to properly teach wellness to counseling students at all levels. It appears that the ambiguity around teaching wellness is a result of some of the subjective constructs associated with the word “wellness,” and the different meanings and representations of the concept. Patel, Hagedorn, and Bai (2013) argued that counselor educators may be more likely to incorporate best

practices when provided specific education related to integration into the curricula. Similarly, wellness practices can benefit from specificity in training guidelines. Therefore, a definitional exploration could constitute the first step to defining wellness instruction within a counselor education context. Thus, as a result of such indicating factors, it is imperative that counselor educators and counselor education programs, in general, begin to take note of the importance of deriving some empirical understanding of how wellness can be effectively integrated into counselor education programs and curriculums. These methods could then help to facilitate a streamlined delivery method of wellness content, much like something done in a course that teaches subject matter such as counseling skills, counseling theories, or ethics. Upon utilizing these courses in an experimental fashion, they could be measured for their effectiveness, and then ideally integrated into curricular standards uniformly, with support from organizations such as CACREP, ACA, and ACES.

It is known across the counseling profession that our roots are in wellness. However, the curricular designs of our counseling programs, certainly our doctoral programs, do not often mirror this historical assertion. Thus, how are we effectively teaching doctoral students, the future leaders and gatekeepers of professional counseling and counselor education about wellness practices? How are we training our future educators about self-care? It is imperative as a profession we begin to establish and solidify best practices with regard to wellness integration in counselor education. One way this could be done is by making minor modifications and inclusions within doctoral curriculum. For example, programs could simply add a doctoral wellness course, or infuse some ongoing element of wellness into every doctoral course. A method such as this could facilitate an ongoing initiative and devotion to wellness development for the doctoral student.

Witmer and Granello (2005) have identified and illustrated different modes in which counselor education programs can utilize wellness within the curriculum by infusing wellness teaching activities into each class, creating an independent wellness course, or having an entire program derived from a wellness philosophy. Foster (2010) recommended that counselor educators use wellness as an academic intervention strategy by helping students work through any stress or challenges by identifying how wellness could be used to counter any of the negative effects brought on by stress. There are several different strategies that could be utilized; however, more research needs to be developed in order to determine what constitutes best practices in wellness-informed counselor education.

Limitations

This study had a limitation with regards to the semi-structured telephonic interview process, as it was a single phone call that transpired between the interviewer and the participants. Patton (2001) noted that qualitative design can possess limitations that are associated with the data gathering process due to the interviewing experience and the varying degrees in which data can be gathered during the interview. However, the primary researcher ensured to utilize the appropriate protocol for a phenomenological-based interviewing style to allow for the participant to openly share his or her experiences about the topic, with the researcher acting only as a guide throughout the process.

Recommendations for Future Research

Unequivocally, there is more need for wellness-based research in counselor education programs. There have been a handful of studies that have explored wellness in master's level programs; however, many of those studies were associated with the practicum and internship experience, which focused solely on supervision. Although these studies are extremely valuable

to the existing body of literature on wellness integration in counselor education, there exists a significant gap in how to effectively teach wellness to counseling students, both master's level and doctoral level.

In addition to these studies focusing on integrating wellness into the practicum and internship supervision experience, it would be advantageous for future research in counselor education to be more specifically grounded in teaching wellness to counseling students. There have been studies exploring wellness in counselor education (e.g., Myers, Mobley, & Booth, 2003, Roach & Young, 2007) , but it appears these studies did not fully lead to a paradigmatic shift in the way we teach wellness to all counseling students. In order to create a cultural shift in how we educate wellness to both masters and doctoral students, there may need to be certain steps that are taken in the field. First, it would be vital to determine what type of content would be best suited to teach in a wellness class or a program. There could also be a great deal of benefit for students to receive ongoing education and training related to wellness throughout their entire graduate program, both at the masters and doctoral level.

Upon conducting studies to determine what content would be most appropriate, there could then be programs that become willing to utilize the wellness-based teaching principles in these studies in their programs, meaning integrate the content into the curricular activities. This could potentially help to facilitate empirically-derived material supporting the efficacy of wellness-infused programs or classes on the overall wellness outcomes of doctoral and master's counseling students. Ultimately, this could create a shift within the counseling profession where wellness-infused programs become evidence-informed best practice, resulting in potentially positive and measurable outcomes for students. Lastly, the construct of wellness identity (Blount et al., 2016) was illustrated in the wellness-related counselor education literature. This term represents the

culmination of understanding wellness as it relates to the individual. This term could be an element of a master's and doctoral student's entire educational experience. It could be a component of their foundational education when they enter their respective program, and this could be a concept that could be developed and refined throughout the professional journey.

Taking this study into consideration, it may be also beneficial to conduct more qualitative and quantitative studies with more diverse and numerous participants, as the current study was limited in its participants. Furthermore, to replicate some aspects of this study, it may be advantageous to focus on specific variables about participants, including the type of educational setting or cultural identity. As examples, further studies could explore some of the wellness-based teaching experiences of faculty members in online counselor education programs compared to traditional programs or compare wellness instruction in religiously-affiliated programs with that of secular programs. There may also be some benefit in identifying differences within CACREP accredited programs versus non-CACREP accredited programs.

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