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Relationship Between Psychological Well-Being and Perceived Wellness in Online Graduate Counselor Education Students

Abstract

Counselor well-being is an important contributor to the effectiveness of the therapeutic relationship. This study examined the relationship between psychological well-being and perceived wellness in a sample ($N = 100$) of graduate students enrolled in two online counselor training programs. The issue of personal counseling was also addressed in this study. Multiple regression analysis revealed a significant relationship between psychological well-being and perceived wellness.

Keywords

Counseling, Psychology, Online students, Well-being, Wellness, Counselor Educators

Professional counseling is an intricate profession necessitating personal awareness and ethical behavior. Counselor impairment evidenced by psychological vulnerability, such as transference, boundary issues, and compromised management of self-care (Coady & Wolgien, 1996; Lambie, 2006) may occur when personal balance and self-needs are minimized or ignored (Lawson, Venart, Hazler, & Kottler, 2007). In contrast, counselor wellness is seen as a mental balance across multiple domains of a counselor's professional and personal life (Venart, Vassos, & Pitcher-Heft, 2007). It has been hypothesized that counselors who respect their wellness are better able to facilitate wellness in others (Lawson et al., 2007). Numerous counselor training programs indicate in their admissions criteria that counselor-in-training wellness and personal growth are of paramount importance. However, there are few quantitative studies that examine the process of counselor self-care within a graduate training program. More often, the counseling literature cites the well-being of practicing mental health professionals as readily subject to the impact of impairment (Cummins, Massey, & Jones, 2007; Figley, 2002; Gilroy, Carroll, & Murra, 2002; Sherman & Thelan, 1998; Trippany, Kress, & Wilcoxon, 2004; Wheeler, 2007). Counselor impairment occurs when personal balance and self-needs are minimized or ignored (Lawson et al., 2007). It is believed that instilling wellness practices as part of counselor development may reduce future incidences of impairment in counseling professionals (Wilkerson, 2006).

Theoretical support for the premise that psychological well-being is contingent on self-awareness and balance was often illustrated by the accounts of Rogers's (1961) descriptions of fully-integrated and functioning persons. These statements supported a positive growth based assumption of an individual's innate ability to perceive and move towards greater openness, awareness, and self-acceptance. This focus on intrinsic values that promoted positive personal growth has often been associated with greater psychological well-being.

The principles of person-centered theory (PCT) (Rogers, 1980) were used to help identify the variables necessary for the psychological wellness of counselors in training in this study. Periodically discussed in the counseling literature is the premise that counselors who are actively

self-aware of their psychological well-being were more able to adequately address their personal issues (Richards, Campenni, Muse-Burke, 2010; Venart et al., 2007; Yager and Tovar-Blank, 2007). However, exposure to the concepts of wellness alone may not be sufficient for students to increase well-being (Roach & Young, 2007). Unlike knowledge acquisition of theory and therapeutic techniques, counseling students' personal awareness and development of personal well-being progress on an individual basis are difficult to assess (Rogers, 1961; Lambie & Sias, 2009; Sheldon & Kasser, 2001).

Review of Research

Ethically, counselor educators have a dual responsibility to the profession of counseling and to counselors-in-training to identify psychological, physical, and emotional impairments that may affect their success in becoming a graduate and effective professional (American Counseling Association [ACA], 2014; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009). Addressing competency problems in graduate counseling students has consistently posed a challenge for educators (Chapman, Baker, Nassar-McMillan, & Gerler, 2011; Coker, Jones, Staples, & Harbach, 2002; Johnson, Elman, Forrest, Robiner, Rodolfa & Schaffer, 2008; Jordan, 2002; McCarthy, 2008; Wilkerson, 2006). While mitigating mental impairment in students appears to support the need to assess psychological well-being and perceived wellness in graduate-level students (Bradey & Post, 1991; Buchbinder, 2007; Hensley, Smith, & Thompson, 2003), many graduate programs have difficulty operationalizing these constructs.

Researchers are varied in their conclusions about the effectiveness of online supervision of counseling students. Although Watson (2003) identified the productive use of supervised time and availability of supervisors as advantages of asynchronous supervision, the lack of face-to-face contact between supervisors and supervisees remained problematic. Likewise, Stebnicki and Glover (2001) noted positive outcomes of asynchronous supervision; however, the supervisors' inability to discern supervisees' nonverbal behaviors was a limitation. In a synchronous

supervision session, students reported missing the attributes of face-to-face, in person interaction with supervisors (Coker et al., 2002). Successful communications between supervisor and supervisee can occur in an online learning environment (Chapman et al., 2011). The opportunity for supervisors to be aware of nonverbal communications as an indicator of the student's well-being is absent in the online setting. Therefore, this proposes a challenge for counselor educators within the online environment to monitor the personal and professional competence of their students.

Evaluating the mental health needs of graduate-level students in counseling programs is difficult because the assessments are inadequate. Counselors-in-training may represent a highly vulnerable population regarding psychological well-being and if impaired, may have difficulty perceiving their needs. (Bradey & Post, 1991; Buchbinder, 2007; de Vries & Valdez, 2006; Forrest, Elman, & Miller, 2008; Gaubatz & Vera, 2002; Hensley et al., 2003; Kumary & Baker, 2008; Witmer & Young, 1996).

Researchers have sought to establish self-awareness as a critical precursor for sustaining well-being for counselors (Adams, 1995; Adams, Bezner, & Steinhardt, 1997; Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000; Coster & Schwebel, 1997; Linley & Joseph, 2007). Recently, Harris et al., (2013) investigated the relationship between graduate-level counseling students' psychological well-being and perceived wellness in a traditional graduate-level counseling program. They found a significant relationship between psychological well-being and perceived wellness in graduate-level counseling students with trainees often seeking therapy to help with personal issues.

Absent in the literature is research specific to the online counselor trainee population particularly since several online only or distance learning programs have recently achieved CACREP accreditation. Students who participate in an online learning environment, according to Scheer and Lockee (2003), often express a need for access to wellness resources. In a separate study, Kurtz, Amichai-Hamburger, and Kantor (2009) found positive correlations between self-

esteem and students' attitudes about online learning, including high degrees of self-awareness. In the online environment, the students' desire for self-awareness is inhibited by the difficulty to develop social relationships due to geographic distances. Assistance in balancing multiple roles and providing wellness resources would help the online students to monitor and attend to their wellness.

Purpose of Study

This study extended the work of Harris et al., (2013) to examine the relationship between the constructs of psychological well-being and perceived wellness in online graduate-level counseling students. Additionally, the relationship between the six individual dimensions of psychological well-being and the overall construct of wellness was explored. Further analysis was conducted on the relationship between participation in personal counseling and perceived wellness. The three research questions evaluated were:

1. What is the relationship between the constructs of psychological well-being and perceived wellness in graduate students enrolled in an online counselor education program?
2. To what extent do the individual dimensions of psychological well-being predict perceived wellness in graduate students enrolled in an online counselor education program?
3. What is the relationship between participation in personal counseling and perceived wellness in graduate students enrolled in an online counselor education program?

Research Design

Setting and Sample

The population for this study consisted of graduate students enrolled in online counselor training programs at a large university with a student population greater than 40,000 and a small college with a student population fewer than 5,000. Both academic institutions are located in the United States. To determine the appropriate sample size for the study, the sample size was calculated using a power of .80 and an alpha level of .05. Since there is limited research in the online counselor education setting on the relationship between psychological well-being and

perceived wellness, medium ($f^2 = .15$) effect of multiple regression was calculated and a minimum of 97 subjects were sought for the study. Availability or convenience sampling was used because it provided accessibility of participants to the researcher and data needed concerning a particular student population. Given that convenience sampling was employed, an appropriate alpha level of .05 was selected to mitigate the risk of a Type I error.

Method

Approval was obtained from both Institutional Review Boards of the universities used in the survey. Research was conducted in adherence to American Counselor Association ethical codes (ACA, 2014) and the Association for Counselor Education and Supervision best practices (ACES, 2014) was followed.

Department chairpersons were contacted via email by the researchers requesting permission to conduct a study with willing participants in their programs. Participants were recruited through an online participant pool study site via email notification of research from the university or via email directly from the college's department chairperson of the counseling program.

Approximately 130 students were enrolled in a small college program, and 1000 students enrolled in a large university program. All students attending the small college were notified of the survey; however, the number of university students enrolled in the participation pool study site receiving information was unavailable. University participants were recruited through an internal online participant pool and access to the survey was made directly through that internal site. Participants from the small college program accessed the same survey through an external link. Recruitment from two similar counselor educational programs were used to enhance generalizability of the population and obtain a statistically valid sample size. No incentives were used for participation in the study. Identical sample invitations were provided and used in both recruitment venues.

Two self-administered psychometric survey instruments and a self-administered demographic survey were posted through the participant pool study site of a large university.

Students attending the small college accessed the surveys via SurveyMonkey, a web-based survey site. Participants accessed the data collection instruments via an online link from an email invitation issued by the institutions. After participants had completed the survey instruments, the data was downloaded from the site directly to the researchers for analysis. It is assumed the participants answered the questions honestly and candidly to the best of their judgment.

Instruments

The Scales of Psychological Well-Being (SPWB) (Ryff, 1989) is an 84-question Likert-style self-administered instrument intended to measure the construct of psychological well-being. The purpose of the SPWB (Ryff, 1989) is to help individuals understand their level of each of the six dimensions of psychological well-being. The SPWB was selected to measure the predictor variable, psychological well-being, based on its theoretical alignment and dimensional features. The six dimensions of psychological well-being measured by the SPWB are: (a) self-acceptance, (b) positive relations with others, (c) autonomy, (d) environmental mastery, (e) purpose in life, and (f) personal growth.

Researchers have found the SPWB to be a psychometrically sound instrument. Ryff and Keyes (1995) reported internal consistency coefficients for the scales between .86 and .93 and test-retest reliability coefficients between .81 and .88 for the 20-item scales. The 14-item scales were investigated by Ryff, Lee, Essex, and Schmutte (1994) and findings were consistent with the original 20-item scales correlating between .97 and .98. Reliability of the 14-item scale was confirmed by van Dierendonck (2005) who reported Cronbach alpha's ranging from .77 to .90.

Convergent and discriminant validity were demonstrated by modest and positive correlations between .25 and .73 with existing measures of positive functioning (Ryff, 1989; Ryff & Singer, 1996). Confirmatory factor analysis conducted by van Dierendonck (2005) supported the validity of a six-factor structure. Goodness-of-fit models were calculated using chi-square goodness-of-fit index and the standardized root-mean-square residual (SRMR). Values of .08 are considered a relatively good fit for SRMR and the 14-item scales showed a reasonably good fit at

.06. A few researchers failed to validate the six-factor model (Abbott et al., 2006; Springer & Hauser, 2006) suggesting fewer dimensions. However, several other researchers either confirmed the factorial validity of the theory-based six-factor model or refuted the alternate findings (Akin, 2008; Cheng & Chan, 2005; Clarke, Marshall, Ryff, & Wheaton, 2001; Kitamura et al., 2004; Ryff & Keyes, 1995; Ryff & Singer, 2008; van Dierendonck, 2005; van Dierendonck, Diaz, Rodriguez-Carvajal, Blanco, Moreno-Jimenez, 2008).

The Perceived Wellness Survey (PWS) (Adams, Bezner, Garner, & Woodruff, 1998) was used to examine the extent to which individuals perceive personal wellness across six life dimensions. The PWS was selected based on the applicable features of the scale to measure the criterion variable of perceived wellness. Counselors using Person Centered Therapy define well-being from a holistic perspective and emphasize balance (Rogers, 1961, 1980). The PWS is theoretically based, measures observed functioning multidimensionally and considered the balance between the dimensions. Its focus is on health, rather than illness (Adams, Bezner, & Steinhardt, 1995; Adams et al., 2000) and has been used by several researchers to measure perceived wellness (Bezner & Hunter, 2001; Byron & Miller-Perrin, 2009; Dolbier, Soderstrom, & Steinhardt, 2001; Harari, Waehler, & Rogers, 2005; Jewell, 2005; Ketz & Israel, 2002; Kinney, Rodgers, Nash, & Bray, 2003; Sidman, D'Abundo, & Hritz, 2009).

The survey consists of 36 self-report items measuring perceived wellness in the six life dimensions areas of (a) emotional, (b) intellectual, (c) physical, (d) psychological, (e) social, and (f) spiritual wellness. The composite wellness score was the primary variable of interest. Internal consistency reliability coefficients reported by Adams (1995) and confirmed by Adams, Bezner, and Steinhardt (1997) and Adams et al. (2000) for the total sample was an alpha = .91. Subscale ranges were between .65 and .88. Reasonable stability over 10-days ($r = .81$) and one month ($r = .73$) was evidenced. Further stability was documented by Adams et al. (1998).

Construct validity of the scales was strongly supported by Adams et al. (1998) in a 3-year study using six samples with results indicating a significant difference between the highest and

lowest perceived-wellness groups. Convergent ($r = .70$) and divergent ($r = -.36$) validity was found by Adams (1995). Validity was supported through confirmatory factor analysis. The best fitting model produced fit index values of .82 for the goodness of fit and .045 for the average standardized residual. Preliminary evidence of discriminant validity and high face validity ($r = .98$) was reported by Adams et al. (1997). Four independent samples showed total scale internal validity with an item to scale correlation greater than .30 for 90% of items.

The 14-item version of the SPWB is considered a reliable instrument used to evaluate the predictor variable, psychological well-being. The minimum acceptable value for the reliability of the test is 70% (George & Mallory, 2006). Reliability estimates of the SPWB report Cronbach alpha's ranging from .77 to .90 (Ryff & Keyes, 1995; Ryff, Lee, Essex, & Schmutte, 1994; van Dierendonck, 2005). The PWS is considered a reliable tool to assess the criterion variable, perceived wellness. Internal consistency for the composite PWS is reported at an alpha = .91 (Adams et al., 2000).

Overview of Design and Procedures

Employing a nonexperimental survey research design, the goal was to collect numerical data, using psychometrically sound instruments, to evaluate varying levels of psychological well-being and perceived self-wellness of graduate-level counseling students enrolled in an online counseling program. The level of psychological well-being is based on total and subscale scores using the SPWB developed by Ryff (1989). The level of perceived wellness is based on the total wellness score using the PWS (Adams, 1995).

The SPWB was self-completed online and took approximately 15 minutes to complete. Participants responded to questions using a 6-point Likert-type rating scale. Scores were calculated by totaling individual responses for each dimension to obtain a subscale score. The overall composite score of psychological well-being is calculated by summing all subscale totals. The PWS was self-completed online and took approximately 10 minutes to complete. The survey consists of 36 self-report items measuring perceived wellness in the six life dimensions areas of (a)

emotional, (b) intellectual, (c) physical, (d) psychological, (e) social, and (f) spiritual wellness. The composite wellness score is the primary variable of interest.

Data Analysis and Results

Three relationships were evaluated. First was the relationship between the constructs of psychological well-being and perceived wellness. Next, the six predictor variables of psychological well-being and the construct of perceived wellness were evaluated. Finally, the relationship between participation in personal counseling and the construct of perceived wellness was assessed. Descriptive statistics of demographic variables were also evaluated for relationships to the criterion variable.

Data was screened, and individual cases were eliminated if the participant did not complete both survey instruments. Missing values in categorical data that do not interfere with the analysis of the research questions were labeled as unknown. Missing values for continuous data were replaced with the mean score of all other subjects for that variable provided no more than 15% of the data was replaced (George & Mallory, 2006). Data analysis was conducted using the SPSS 20.0 software application. Preliminary analyses of the questions were conducted to verify the internal consistency of the SWPB subscales were comparable to the previous literature using Cronbach's coefficient alpha.

Demographic Characteristics of the Sample

A total of 100 online graduate counseling students completed the surveys. The majority of participants were White/Caucasians (82%) with African Americans representing 11%, and Hispanic, Latino/Latina, Asian/Pacific Islander, and Other (non-respondent) representing the remaining 7%. There were 22 male and 78 female respondents. The sample consisted of 64% master students and 36% doctoral students. A total of 34 respondents had prior experience in an online degree program, and two-thirds of participants (66%) were enrolled in their first online degree program.

Of the 64 students who participated in individual counseling, 57 students (89%) found counseling to be beneficial. The majority of students who participated in individual counseling sought counseling of their own accord (53%). Finally, 9% pursued personal counseling based on the recommendation of by another individual and 2% on the advice of an advisor or faculty member.

Results

Initially, simple bivariate correlations between perceived wellness and psychological well-being including the six subscale scores of psychological well-being and the demographic variables of current and prior individual counseling were computed using Pearson's r . As shown in Table 1, overall psychological well-being was strongly, positively associated with perceived wellness, $r = .805$, $p < .01$. Additionally, each of the six dimensions of psychological well-being strongly, positively correlated with perceived wellness: autonomy ($r = .514$, $p < .01$), environmental mastery ($r = .560$, $p < .01$), personal growth ($r = .632$, $p < .01$), positive relations ($r = .598$, $p < .01$), and purpose in life ($r = .684$, $p < .01$). Participation in personal counseling was not significantly correlated with perceived wellness, current participation in personal counseling ($r = .104$, $p = .152$), or prior participation in personal counseling ($r = .074$, $p = .234$).

Table 1 presents the correlations among the six psychological well-being subscales. All of the scales are significantly ($\leq .01$) and positively correlated with each other, clearly indicating that these dimensions are not independent. Of particular concern is the correlation between personal growth and purpose in life ($r = .751$, $p < .01$) and, to some extent, purpose in life and self-acceptance ($r = .659$, $p < .01$). These correlations suggest these dimensions are redundant.

Table 1

Correlations between the Six Dimensions of Psychological Well-Being

Dimension	1	2	3	4	5	6
1. Autonomy	-	.354*	.464*	.410*	.500*	.506*
2. Environmental mastery		-	.376*	.487*	.367*	.526*
3. Personal growth			-	.475*	.751*	.531*
4. Positive relations				-	.454*	.490*
5. Purpose of life					-	.658*
6. Self-acceptance						-

Note. *Correlation is significant at the 0.01 level (1-tailed).

To test the hypotheses for the first research question, the predictor variable of overall psychological well-being was entered into the regression for additional analysis. The multiple correlation ($R = .805$) was substantial and differed significantly from zero, $F(1, 98) = 180.56$, $p < .001$. The R^2 equaled .648 (adjusted $R^2 = .645$) and indicated psychological well-being was a reliable predictor of perceived wellness.

Regression weights were examined, and the predictor variable had a positive and significant impact on perceived wellness. The standardized regression coefficient for overall psychological well-being composite was $\beta = .805$ and is statistically significant ($p < .001$). A significant and strong effect size accounted for 80% of the variance according to Cohen's d for effect size (Cohen & Swerdlik, 2009). The findings of the correlational analysis suggest psychological well-being strongly predicts perceived wellness.

To determine the extent the individual dimensions of psychological well-being predicted perceived wellness in the sample, multiple regression analysis was conducted. The six predictor variables of autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance were entered into the regression using the stepwise method. The first variable to enter the analysis was purpose in life, with an R^2 of 468. This variable also had the largest bivariate correlation with perceived wellness ($r = .684$). In Model 2, environmental mastery ($r = .560$) was included, incrementing R^2 to .578. Interestingly, personal growth and self-acceptance do

not appear in this model or Model 3 despite their stronger correlations with the criterion ($r = .632$ and $.675$, respectively). As described early, these variables are very highly correlated with purpose in life ($r = .658$ and $.751$, respectively), and the variance these variables might have explained has already been accounted for. In Model 3, positive relations ($r = .598$) was entered to increase R^2 to $.623$. Self-acceptance ($r = .675$) (the scale with the second highest correlation with the criterion) came in as the step of Model 4, with a final R^2 of $.645$. In sum, the final model included four dimensions of psychological well-being, which accounted for 64.5% of the variance in perceived wellness (as measured by adjusted R^2) and were reliable predictors of perceived wellness. The two variables not included were autonomy and personal growth.

Across all four models, the ANOVA for the regression remained statistically significant. As expected, the F ratio was reduced at each step. In the final model $F(4, 95) = 43.13$ (Table 2).

Table 2

ANOVA Table for Regression Analysis with Four Psychological Well-Being Variables, Purpose in Life, Environmental Mastery, Positive Relations, and Self-Acceptance

	Model Squares	Sum of	df	Mean Square	F	Sig.
Model 1						
	Regression	385.58	1	385.58	86.11	<.001 ^a
	Residual	438.80	98	4.48		
	Total	824.38	99			
Model 2						
	Regression	476.45	2	238.23	66.42	<.001 ^b
	Residual	347.93	97	3.59		
	Total	824.38	99			
Model 3						
	Regression	513.21	3	171.01	52.78	<.001 ^c
	Residual	311.17	96	3.24		
	Total	824.38	99			
Model 4						
	Regression	531.62	4	132.91	43.13	<.001 ^d
	Residual	292.76	95	3.08		
	Total	824.38	99			

Note. Constant in all regression models is composite DV perceived wellness. Predictors for each model were: ^apurpose in life; ^bpurpose in life, environmental mastery; ^cpurpose in life, environmental mastery, positive relations; ^dpurpose in life, environmental mastery, positive relations, and self-acceptance.

Perceived wellness appeared to be strongly predicted by overall psychological well-being and by four subscales: (1) purpose in life, (2) environmental mastery, (3) positive relations with others, and (4) self-acceptance. Standardized coefficients (Beta) were used to determine the significance of predictors and absolute values were compared. The composite of psychological well-being ($\beta = .805$, $p < .001$) contributed the most to perceived wellness. Four of the six dimensions of psychological well-being also contributed significantly: purpose in life ($\beta = .362$, $p < .001$), environmental mastery ($\beta = .200$, $p < .001$), positive relations with others ($\beta = .229$, $p = .01$), and self-acceptance ($\beta = .220$, $p = .016$). The purpose in life is the strongest predictor in the model. The second strongest predictor is environmental mastery. Positive

relations with others and self-acceptance marginally increment R^2 although the increase is statistically significant.

The other two variables autonomy ($\beta = .086$, $p = .254$) and personal growth ($\beta = .144$, $p = .133$) were not significant predictors and were removed from the regression analysis. It is most likely that personal growth was not in the final model because most of its variance was accounted for by purpose in life. Autonomy had the lowest bivariate correlation with the criterion.

To investigate the possibility of a link between participation in individual counseling and the construct of perceived wellness, an analysis was performed using independent t-tests on the demographic variables of current and prior participation in personal counseling. On average, participants currently participating in personal counseling ($M = 21.30$, $SD = 2.64$), experienced similar levels of personal wellness than those not currently in counseling ($M = 21.98$, $SD = 2.93$). This difference was not significant $t(98) = -0.84$, $p = .202$, 95% CI [-2.29, 0.93] and represented a small effect $r = .13$. Participants with prior personal counseling experience ($M = 21.70$, $SD = 2.82$), experienced similar levels of perceived wellness as those without prior counseling experience ($M = 22.18$, $SD = 3.01$). This difference was not significant $t(98) = -0.81$, $p = .211$, 95 % CI [-1.66, 0.70] and represented a small effect $r = .08$.

To further analyze the relationship between participation in individual counseling and the construct perceived wellness, a regression analysis was conducted. The two variables, current participation in individual counseling and prior participation in personal counseling, were entered into the regression simultaneously. The multiple correlation ($R = .106$) was small and did not differ significantly from zero $F(2,97) = .56$, $p = .576$. The R^2 equaled .011 (adjusted $R^2 = -0.009$) and indicated that participation in personal counseling accounted for < 1% of the variance in perceived wellness (as measured by the adjusted R^2) and were weak predictors of perceived wellness.

To determine the significance of the predictors, standardized coefficients (Beta) were used to compare their absolute values. Neither predictor contributed significantly to perceived wellness: current participation in personal counseling ($\beta = .070$, $p = .498$) and prior participation in personal counseling ($\beta = .066$, $p = .523$).

A positive correlational relationship exists between participation in personal counseling and perceived wellness, based on the findings of the regression analysis and independent sample t-test, although the relationship was not significant. The apparent weak relationship and a small effect between participation in personal counseling and perceived wellness may be impacted because some participants engaged in just prior counseling or just current counseling, and some participated in both previous and current counseling. The data does not discern which particular subjects fall into each category and, therefore, seems noteworthy and in need of further study.

Thus, the overall results of this study appear to support the premise that online graduate counselor education students who demonstrate higher levels of psychological well-being tend to have a higher degree of perceived wellness. Based on the findings of the independent t test and regression analysis, the null hypothesis concerning the relationship between individual counseling and perceived wellness could not be rejected. The weak relationship between personal counseling experience and perceived wellness, although positive, was not substantiated as a reliable indicator of perceived wellness.

Discussion

One of the primary reasons for undertaking this study was to give counselor educators an understanding of the relationship between online counseling students' psychological well-being and their self-perceptions of wellness and to offer a potential resource for evaluating the psychological well-being of distant learning students. This study extended prior research by Harris et al., (2013) to the online student population. Researchers have clearly indicated a concern that unresolved psychological issues exist among psychotherapy and counseling students (Buchbinder, 2007; de Vries & Valadez, 2006; Kumary & Baker, 2008; White & Franzoni, 1990). A

counselor's psychological well-being effects the therapeutic relationship (Wheeler, 2007) and accurate self-awareness of wellness to maintain that well-being is also supported in the literature (Bike, Norcross, & Schatz, 2009; Cashwell, Bentley, & Bigbee, 2007; Coster & Schwebel, 1997; Yager & Tovar-Blank, 2007; Young & Lambie, 2007). The initial data analysis supported accepting that a significant relationship exists between psychological well-being and perceived wellness. Those who scored higher on the construct of psychological well-being also scored higher on the construct of perceived wellness, suggesting perceptions of an individual's wellness was influenced by their overall mental health.

The second data analysis supported accepting that a significant predictive relationship exists between the individual dimensions of psychological well-being and perceived wellness in graduate students enrolled in online counselor education programs. Overall psychological well-being had the highest correlation and statistically significant relationship with perceived wellness. Additionally, all six dimensions of psychological well-being were positively correlated with perceived wellness and four specific subscale scores of the SPWB instrument, purpose in life, environmental mastery, positive relations with others, and self-acceptance had a statistically significant relationship with the construct perceived wellness. In addition, the analysis showed a positive relationship existed between participation in personal counseling and perceived wellness, although a significant relationship was not indicated.

The goal of this study was to clarify the accuracy of online counseling students' perceptions of their psychological well-being. In alignment with research by Venart et al., (2007) and Yager and Tovar-Blank (2007), students capable of recognizing their own needs, combined with the understanding of the importance of addressing impairments for the viability of the therapeutic relationship, may effectively self-advocate addressing particular issues. Unlike findings by Cooke, Bewick, Barkham, Bradley, and Audin (2006), where only 5% of psychologically vulnerable university students sought counseling, 64% of online counseling students participated in individual

counseling, which may be accounted for by accuracy of self-perception in online counseling students.

Another purpose of this study was to determine if students were focusing attention to self-care during counselor development and if they were capable of determining their level of well-being. Contrary to previous research (Hensley et al., 2007), psychological well-being accounted for 80% of the variance in relation to perceived wellness, suggesting online students are capable of recognizing the state of mental health they are manifesting.

Noted in the counselor education literature is that counselors in training are often negligent in self-care and are reluctant to seek counseling (Roach & Young, 2007; Cooke, Bewick, Barkham, Bradley, & Audin, 2006). Our results appear to disagree with that presumption. The majority of our student population (64%) has experienced individual therapy, and 83% found the experience helpful. It is interesting to note that most of these students (83%) reported they self-referred for treatment as opposed to therapy being suggested by a faculty member or someone else. Furthermore, faculty referrals were minimal. In our sample, counselor educators were not actively involved in referring students to examine personal issues.

This study aligns with previous research (Harris et al., 2013) that suggested counselor education students in a traditional setting accurately perceived their degree of psychological well-being. Online students showed a significant relationship between overall psychological well-being and perceived wellness. Online students also showed a significant relationship between self-acceptance and perceived wellness, differing from that found with traditional students. Positive correlations between self-esteem, including high degrees of self-awareness in online students was also found by Kurtz et al., (2009). The significant relationship found between purpose in life, and perceived wellness corroborates findings by Adams et al., (2000). Mental maturity and personal development are achieved through personal awareness of one's strengths and deficiencies (Roach & Young, 2007). Lawson et al., (2007) found a balance across multiple domains of professional and personal life contributes to wellness. This study supports prior research showing a significant

relationship between the various dimensions of psychological well-being, representing multiple dimensions of an individual's life and perceived wellness.

We believe that it may be helpful for counselor educators to incorporate the use of survey instruments in the course curriculum systematically assess students who may be at risk for mental impairments. The SPWB survey used in this study appears to be valuable in assessing overall perceived psychological well-being. Additionally, specific dimensions of well-being can be evaluated in students. These outcomes can aid educators and students in planning a course of action for specific remediation in identified areas of need. Incorporating self-assessment tools as a component of degree programs can be beneficial in identifying students who need to attend to their well-being prior to graduation.

Another course of action open to counselor educators may include suggesting individual counseling, which was found beneficial by 83% of students who participated in services. At a minimum, proactively providing students opportunities for self-assessing mental wellness and personal action to maintain psychological health or mitigate impairments may help students establish lifelong wellness behaviors.

Limitations of the Study

One limitation of this study was a reliance on outside community partners to disseminate information to qualified participants about the availability of the study. There were no systematic means to ensure all potentially eligible students were reached or to ensure students responded truthfully. Because only students who chose to respond were included in the study, the sample still may not adequately represent the population of online graduate counseling students. The sample also included two different online counseling programs, one being a large national university and the other a small regional college. Students at the university were able to access the survey using an internal site. While participants from the small college had to use an external site which may have limited the participation. Ease of access to the survey may have been different at each program site, potentially affecting the number of students who participated. Every training program

has a unique perspective on how to educate students and these differences may impact how students respond to a survey.

The survey instruments are self-report inventories, and it is acknowledged that some social desirability bias might be present in the student responses. Another limitation of the study relates to demographic data collected about student participation in personal counseling. Analysis was limited to whether or not students were either currently, had previously or never engaged in counseling, and did not discern if any students participated in both prior and current counseling, or which combination of students found counseling beneficial. A control group was not utilized as a part of the non-experimental survey design of the study, limiting comparative data analysis. Furthermore, faculty observations of student well-being were not gathered for comparison with student perceptions of well-being.

Other possible constructs of psychological well-being that may influence perceived wellness, such as physical health, work-life balance, or social support were not explored. The construct of psychological well-being was limited to the six dimensions measured by the SPWB. Unknown is whether other unmeasured variables moderated the variables under study.

Recommendations for Further Research

The research findings of this study demonstrated overall psychological well-being is strongly predictive of perceived wellness in this online student sample. Further studies with larger and more narrowly targeted populations (i.e. particular counseling disciplines) are recommended to provide additional insights into the psychological well-being of students in various counseling programs. This study included both master and doctoral graduate students. Although students can begin academic pursuit at either degree level, further analysis between the groups is recommended to assess if the length of time in academic pursuit contributes to wellness levels. Further research might also consider potential differences in students of different age groups with respect to perceived wellness and the multiple dimensions of psychological well-being. This study did not

evaluate psychological well-being and perceived wellness at the individual student level. Additional student analysis may highlight specific student strengths and needs that could be utilized by both students and educators to pursue appropriate self-care options.

Participation in individual counseling was positively related to perceived wellness, although not significantly. Comparing the length of time in counseling, and if the counseling was current or past, might yield different results. Future research may include a qualitative analysis to gain insights into the student's perceived benefits of individual counseling in relationship to their psychological well-being. This study was limited to students' perceptions of well-being and further studies using instructor evaluation of student well-being as a control group for comparison purposes is warranted. Finally, in-depth comparisons of the research results between traditional and online student populations might tease out unique differences associated with each student population's psychological strengths and deficits.

In conclusion, the research findings of this study suggest overall psychological well-being is strongly predictive of perceived wellness in online counselor education students. The dimension of face-to-face interactions between counselor educators and students in an online program is lacking, contributing to the difficulty educators may have identifying students with psychological impairments. However, these findings suggest students have the capacity for accurate self-perceptions of well-being through the use of self-report survey instruments. The distance learning environment does not need to distance students from recognizing the need for self-awareness and self-care to become fully functioning counselors. Results of additional studies might guide educators and institutions in developing a systematic process and using valid assessment tools to evaluate the well-being of students entering and during their academic program. By implementing systematic processes for evaluating the psychological well-being of students during their training programs, educators can contribute to their students' success as mental health professionals.

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