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Preparedness to Implement Wellness Strategies: Perceptions of School Counselors

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PREPAREDNESS TO IMPLEMENT WELLNESS STRATEGIES: PERCEPTIONS OF
SCHOOL COUNSELORS

PREPAREDNESS TO IMPLEMENT WELLNESS STRATEGIES: PERCEPTIONS
OF SCHOOL COUNSELORS

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy in Counselor Education

By

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ABSTRACT

The purpose of this study is to survey school counselors to determine their knowledge and perceived preparedness to implement wellness strategies in school counseling programs. Wellness plans are a requirement for thousands of public school districts in the United States. There are no established standards for the training of school counselors in the area of wellness. School counselors are in a unique position to positively impact students through the use of wellness programs and strategies. School counselors from a mid-south state ($N = 156$) completed an electronic survey to measure how they implement wellness strategies and their perceived preparedness in this area of counseling. Results indicate that there were no differences in total preparedness based on years of experience nor graduation from a CACREP accredited programs. As the number of hours practicing wellness strategies increased, the perceived preparedness of counselors also increased. There were no differences in how counselors rated themselves on preparedness based on neither CACREP program graduation nor years of experience. Less high school counselors perceived themselves as having a role in promoting wellness than other school counselors. This study presents implications for establishing consistent training and programs for school counselors in the area of wellness. This study also presents implications for the use of wellness programs, measuring results, and school counselor self-efficacy.

This dissertation is approved for recommendation
to the Graduate Council.

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DISSERTATION DUPLICATION RELEASE

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DEDICATION

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CHAPTER ONE: INTRODUCTION

Statement of the Problem

The topic of mandated wellness programs in the schools is a relatively new area of exploration for professionals. In the school counseling profession, wellness as a specific theoretical approach has been researched (Myers & Sweeney, 2005b, 2005c; Omizo, Omizo, & D'Andrea, 1992; Rayle & Myers, 2004) and is viewed by one author as the cornerstone of the counseling profession (Myers, 1992). In numerous ways, the field of counseling has historical roots in wellness (Street, 1994). In the United States school wellness policies and programs have been adopted to promote child and adolescent health and well-being (Child Nutrition and WIC Reauthorization Act, 2004). Although the theoretical construct of wellness in school counseling has increasingly been studied and included in counselor training and educational programs over the past 20 years, few studies have been conducted to determine the amount of knowledge school counselors have about wellness, to what extent counselors are aware of their impact on student wellness, nor how wellness strategies inform their programs and practice.

One area that requires further investigation is the level of preparedness that school counselors have in relation to implementing strategies to effectively work with their students to improve overall wellness and academic achievement. This study is a survey of school counselors in a mid-south state to determine their amount of wellness knowledge, use of strategies, and program implementation methods. The study will serve to gain insight into the current use of wellness models in school counseling as well as provide a frame of reference in which to develop curriculum in graduate counseling programs and professional development.

Background of the Study

Education and schooling are significant areas of influence on a child's wellness (Villalba & Borders, 2005). Due to the fundamental roots of a developmental guidance approach and the

nature of the profession, school counselors are inherently positioned to provide support to students (Street, 1994). Wellness models that are holistic in nature provide a structure for assessing, planning, and evaluating school counseling programs as well as many other aspects of the school and the accomplishment of the school mission (Villalba & Borders, 2005).

Academic achievement of all students is a priority for schools. Educational agencies, states, and schools are responsible for ensuring that the academic needs of all students are met (No Child Left Behind Act of 2001, 2001). Included within this group are key individuals such as principals, teachers, school counselors and other support personnel. School counselors are specifically trained and charged with the task of addressing the academic and developmental needs of the students they work with (American School Counselor Association, 2008). Research studies show that school counselors do have a significant influence on student levels of academic achievement (Whiston, Tai, Rahardja, & Eder, 2011). Many counseling programs are required to equip their students with the necessary knowledge, training, and skills to address the critical areas of student academic achievement and development using many theories and processes, including wellness (Council for Accreditation of Counseling and Related Educational Programs, 2009).

Wellness plans are a requirement for more than 17,000 public school districts and over 100,000 schools in the United States (NCES, 2010b; Using School Wellness Plans to Fight Childhood Obesity, 2007). This increased attention to wellness is partly due to the 2005 law that mandates that each local school agency that participates in a program authorized by the Richard B. Russell National School Lunch Act, or the Child Nutrition Act of 1966, must have established a school wellness policy effective at the beginning of the 2006-2007 school year (Child Nutrition and WIC Reauthorization Act, 2004). Each school year, the implementation of wellness programs has the potential to impact the lives of approximately 50 million students enrolled in

public schools across the nation (NCES, 2010a). The use of preventive measures such as wellness can also have positive effects that span a lifetime for the individual (Myers, 1992).

Many of the proposed wellness strategies and programs only address physical health issues, such as obesity and nutrition (Child Nutrition and WIC Reauthorization Act, 2004; Omizo et al., 1992). School counselors are in a unique position to influence students' lives through wellness counseling that integrates the spiritual, physical, and mental aspects of a person, which are all interconnected (Myers & Sweeney, 2005b, 2005c, 2005d; Omizo et al., 1992; Rayle & Myers, 2004; Street, 1994). The 463:1 student-counselor ratio in the United States can present a challenge for counselors to be effective (NCES, 2010c, 2010d). Counselors are faced with many other duties that they must fulfill which include responsive services, guidance curriculum implementation, individual student planning, and system support in the schools (American School Counselor Association, 2005). These multiple duties require counselors to use approaches where they are more effective working with students in larger groups, such as some of the work proposed through the use of wellness counseling strategies (Whiston, Tai, Rahardja, & Eder, 2011).

Rationale

A review of the literature provides information that counselors' roles, experience, training, and allocation of duties contributes to their perceived abilities, execution of their program, as well as their preparedness to carry out their counseling programs. In terms of accreditation, Council for Accreditation of Counseling and Related Programs (CACREP) standards are reflected by National Counselor Examination and programs that are not CACREP accredited are designed by the faculty and are based on their experience, state mandates, and professional preference to help develop program curriculum and this presents a dilemma of having no sure way of evaluating the quality of the curriculum (Boes, Snow, & Chibbaro, 2009).

This information on program standards development was used in the development of research questions and variables.

Purpose of the Study

The purpose of this study is to survey school counselors to determine their knowledge of wellness counseling techniques and strategies as well as to what extent they are using wellness in their counseling programs and daily work with students. The information gained from this study will allow counselor educators to identify missing components in teaching and research that need to be included in counselor training curricula such as development of specialized skills and the design of experiential activities directly related to wellness. The results of this study will also benefit the area of school counselor professional development. School systems, administrators, and counseling directors may use this information to identify strong areas of knowledge and practice for counselors as well as to design professional development materials to address the weaker areas of preparedness. Additionally, the results of this study can be used to influence policy regarding wellness as well as the inclusion of counselors in school wellness programs to effect greater overall improvements for students.

Research Questions

This study answers these specific questions:

1. How prepared do school counselors believe they are in the area of wellness?
 - Does this differ by:
 - (a) Years of Experience
 - (b) Graduating from programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) versus non-CACREP accredited programs?

2. To what extent are school counselors implementing wellness strategies in their counseling programs?
 - Does this differ by:
 - (a) Grade level
 - (b) Weekly allocation of wellness-based counseling hours
 - (c) Years experience
3. Do school counselors who graduated from a CACREP accredited program rate themselves differently in wellness preparedness than school counselors who graduate from non-CACREP accredited programs?
4. Do school counselors differ in their self-rated sense of wellness preparedness based on years of experience?
5. Do school counselors perceive themselves as having a role in promoting wellness in schools?
 - Specifically:
 - (a) Is there an association between grade level and school counselors' perceptions of their role in promoting wellness?
 - (b) Is there an association between years of experience and school counselors' perceptions of their role in promoting wellness?

Significance of the Study

This study is important for several reasons. Within the wellness and counselor education literature there is a need for information on the current state of wellness training for counselors. There is also a need for assessment of where counselors currently stand in preparedness and participation in wellness strategy implementation. Furthermore, the counseling literature lacks studies that specifically assess the levels of preparedness for school counselors.

This study will address these gaps in research and literature and will contribute to the knowledge and practice of counselor educators and counselors working with counselors-in-training, practicing school counselors, and counseling program directors. By discovering school counselors' level of preparedness, steps can be taken to make the necessary improvements to assist school counselors in being more proactive in their role as catalysts for change and providing the most effective and efficient services to their students (Paisley & Borders, 1995).

Definitions of Terms

American School Counselors Association (ASCA): “the foundation that expands the image and influence of professional school counselors through advocacy, leadership, collaboration and systemic change. ASCA empowers professional school counselors with the knowledge, skills, linkages and resources to promote student success in the school, the home, the community and the world” (ASCA, 2010).

Council for Accreditation of Counseling and Related Educational Programs (CACREP): The accrediting body which develops standards and procedures for professional counseling programs including master's degree programs in career counseling; clinical mental health counseling; college counseling; community counseling; gerontological counseling; marriage, couple and family counseling; mental health counseling, school counseling, student affairs and college counseling; as well as doctoral degree programs in counselor education and supervision. (CACREP, 2009, 2011a).

Developmental counseling: A type of counseling that supports individuals in expanding their cognitive, emotional, and behavioral range (Ivey & Ivey, 2005). Developmental counseling places an emphasis on understanding and working with students from a developmental perspective as well as places an emphasis on prevention of problems rather than reacting to existing problems (Myers & Sweeney, 2005a; Nystul, 2011). “The developmental approach

considers the nature of human development, including the general stages and tasks that most individuals experience as they mature from childhood to adulthood. It centers on positive self-concept and acknowledges that one's self-concept is formed and reformed through experience and education" (Myrick, 1993, p. 25).

Preparedness: Possessing adequate knowledge and skills to confidently and proficiently implement wellness strategies within the school climate.

Professional School Counselor: "School counselors are certified or licensed professionals who possess a master's degree or higher in school counseling, or a substantial equivalent, meet the state certification/licensure standards and abide by the laws of the states in which they are employed" (ASCA, 2008).

Wellness: "A way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving" (Myers, Sweeney, & Witmer, 2000, p. 252).

Summary

In summary, mandated school wellness programs in the United States have been adopted to promote child and adolescent health and well-being. There is no known information in regards to the current knowledge of school counselors on the topic of wellness-based counseling strategies and programs. One area that requires further investigation is the level of preparedness that school counselors have in relation to implementing strategies to effectively work with their students to improve overall wellness and academic achievement. This study will survey school counselors to determine their knowledge of wellness counseling techniques and strategies as well as to what extent they are using wellness in their counseling programs and work with students.

The information gained from this study will allow provide new information regarding counselors training and knowledge, further research needs, and professional development.

CHAPTER TWO: REVIEW OF LITERATURE

To provide thorough background and literature, the researcher used several online databases to find articles. The researcher used EBSCO, Google Scholar, PsychINFO, ERIC, and MedLine, Proquest Dissertations and Theses. The search terms used were “school counseling”, “school counselor”, “schools”, training, standards, preparedness, “child and adolescent”, “classroom”, “wellness”, “counselor education”, “well-being”, “health promotion”, “holistic counseling”, and “health”. The researcher also utilized internet searches and the University of Arkansas online catalog to find other sources using the same search terms.

This chapter begins with the importance of wellness in the context of school counseling followed by an introduction of the history of the school counseling profession which shows (a) the influences on the development of the field, (b) how school counseling evolved as a separate profession, (c) the establishment of training standards, and (d) the development of a professional identity. Then the various ways in which wellness is defined are reviewed to establish the difficulty in agreement on how to measure wellness. Next wellness models are discussed. Following is a review of some existing wellness programs that are currently being implemented in school counseling programs. Then there is an exploration of school counselor roles and policies on how programs are developed and carried out based on national and state standards. Next there is discussion about the perceptions of school counselor roles among administration, school counselors, and other school stakeholders. Studies on the effectiveness of wellness counseling programs and strategies are reviewed followed by strategies and examples of wellness infusion into counselor education and supervision programs. Finally, the chapter concludes by identifying missing links in counseling literature related to school counselor training and preparedness to implement wellness-based counseling strategies.

The History of School Counseling

The history of school counseling as a profession dates back to the early 1900s. Many authors have highlighted the various influences on the role and profession of school counselors (Gysbers, 1988; Herr, 2003; Nystul, 2011; Paisley & Borders, 1995). It is an area of counseling that has many social, legal, political, and vocational influences. Each decade also had specific events that shaped the evolution of the profession.

During the 1920s, the time of the profession's birth and early development, the United States was involved in an industrial revolution which was a period of quick industrial growth as well as social protest and reform (Gysbers, 1988). The initial focus of the profession was on a directive approach to social skills development, vocational guidance, and educational assessment (Baker & Gerler, 2001; Gysbers, 1988; Nystul, 2011; Paisley & Borders, 1995). The 1930s were a time of focus on planning and preparation for specific vocational occupations (Gysbers, 1988). It was also during this decade that the term *guidance* was generally used and defined as "assisting individuals with problems of adjusting to any aspect of life, including health or family and friends as well as work" (Nystul, 2011, p. 362). In 1946, the passing of the George-Barden Act allowed for funding of various guidance activities including the preparation of counselors (Gysbers, 1988). The process of counseling was also reflected by the usage of terms such as counseling, assessment, placement, and follow-up, which were used when describing what took place during a session or to reflect the process of counseling (Nystul, 2011). The style of Carl Rogers' Person Centered approach to counseling also influenced the profession of school counseling and provided a framework as well as the adoption of a clinical emphasis (Gysbers, 1988; Nystul, 2011).

In the 1950s federal legislation passing of the National Defense Education Act in 1958 and the Elementary and Secondary Education Act in 1965 provided more funding for the training

and preparation of school counselors (Baker & Gerler, 2001; Nystul, 2011). During this period, also known as the *baby boomer* period, there was an ample amount of federal funding to support an increase in school counselors (Baker & Gerler, 2001). The 1960s was a period where the focus shifted. The profession moved from a focus on vocational guidance to one of developmental guidance (Nystul, 2011). The need for more school personnel, including counselors, was increased due to more children entering schools following the World War II *baby boomer* period (Baker & Gerler, 2001).

Despite an increasing number of guidance professionals in the schools during the early 20th century, there were no training or operational models to follow (Baker & Gerler, 2001). Training standards were developed as a result of a collaboration of the American School Counselor Association (ASCA), the Association of Counselor Education and Supervision (ACES), and the American Personnel and Guidance Association (APGA), currently known as the American Counseling Association (ACA). These organizations united with goals of developing and promoting professional standards as well as to give the profession an identity of uniformity in training and certification (Baker & Gerler, 2001).

In the 1970s the developmental perspective began to include grades K-12 and was comprehensive in nature (Nystul, 2011). There were also efforts on a national level to integrate career development and education into the programs (Nystul, 2011). The 1970s and early 1980s were difficult decades due to issues such as economic problems, declining school enrollment, increases in drug use and divorce rates, and teenage pregnancy resulting in an increase in the amount of openings for new school counselors (Baker & Gerler, 2001; Nystul, 2011). The need to focus on dealing with these issues has been the main task of school counselors from the 1990s to the current time period (Herr, 2003). The profession has also suffered changes, threats, and

modifications to comprehensive programs and job security for counselors. Although the issues of concern are increasing, funding to support many of these programs is decreasing.

Recently, funding for school districts to establish or expand school counseling programs has been repealed (Education and the Workforce Committee, 2011; Spending Reductions Act of 2011, 2011) due to the government reducing funding for programs deemed as ineffective. Despite economic issues, the maturation of the profession is progressing. This progress is evidenced by the establishment of one specific national organization, ASCA, responsible for each area which includes (a) unity of the profession and standards including professional membership (b) accreditation of programs and counselor preparation, and (c) voluntary national board certification (Cashwell, 2010).

Professional Standards for School Counselors

American Counseling Association

The American Counseling Association (ACA) is the primary member association for professional counselors which was established to help define and modify standards in the counseling profession (Collison, 2001). Collison further explains that the ACA provides information in the areas of Ethics and Standards of Practice, Liability Insurance, Multicultural and Diversity Issues (addressed by each division), Lobby Efforts, New Knowledge, and Employment. The ACA has several divisions that address issues within the counseling profession that includes the area of school counseling.

American School Counselor Association

The creation of a professional association specifically for school counselors has been beneficial to the development of the profession's identity and further defined its standards for professional duties (Paisley & Borders, 1995). The American School Counselor Association (ASCA) is a division of the ACA. This membership association provides professional

development, works to enhance school counseling programs, researches effective school counseling practices, and promotes professionalism and ethical practices (ASCA, 2010).

Council for Accreditation of Counseling and Related Programs

The Council for Accreditation of Counseling and Related Programs (CACREP) makes accreditation decisions and develops policies for counseling programs (Paisley & Borders, 1995). School counseling programs also fall into this category. Accreditation by CACREP is a voluntary process (Collison, 2001; Ritchie & Bobby, 2011). CACREP was established as a result of the Association for Counselor Educators and Supervisors' (ACES) initial development of standards and accreditation and their conducting of voluntary accreditation of counseling programs in the late 1960s and early 1970s (CACREP, 2011b; Collison, 2001). Members of ACES then approached the American Personnel and Guidance Association (APGA) concerning merging their efforts for accreditation and both organizations contributed resources towards the development of a separate entity known as CACREP in 1981 (CACREP, 2011b; Collison, 2001).

Collison (2001) explains that these standards helped form the educational requirements needed to prepare professional counselors. Ritchie and Bobby (2011) explain that the actual standards were developed to provide a standard of knowledge and skill set that every counselor should know in order to effectively practice counseling. The authors also suggested that the CACREP standards paved the way for acceptance of the counseling profession due to providing a minimal set of educational standards for the profession and the eventual establishment of counseling licensure in all 50 states.

Not all school counseling degree programs are accredited by CACREP, as some are regulated by states (Paisley & Borders, 1995). When reviewing the literature to date, CACREP has not expounded on specific educational standards related to wellness training for school counselors. In the CACREP standards, it is simply explained that students in school counseling

training programs must understand the effects of wellness on student learning and development (CACREP, 2009).

Wellness Definitions

The concept of wellness has received an increasing amount of attention in the field of counseling. In 1992, a special issue of the *Journal of Counseling and Development* was published focusing on the topic of wellness. The issue contained articles focusing on topics such as gender, multicultural competencies, career identity and occupations, aging, stress, spirituality, and cognitive development. Although wellness is gaining attention in a variety of professions, there are variations as to how it is defined. Some disciplines use terms including fragmented aspects of a person concentrating on physical health, spirituality, nutrition, or mental health. Other definitions utilize holistic terms that include numerous aspects of a person.

Halbert Dunn (1977) developed one of the earliest definitions of wellness. Dunn defined high-level wellness as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning” (pp. 4-5). This definition implies that all aspects of the person are interrelated. His definition also implies that wellness is an ongoing process where the person puts forth effort to make improvements in their life to the best of their ability. Dunn states in his explanation that his definition is one of an unlimited positive direction of progression.

Travis (1978) was another pioneer in the wellness movement. He defined wellness as an ongoing process and a positive state of well-being rather than a final destination. The objectives of his approach to wellness are to teach people how to change and take charge of their lives. In his definition, a person accepts responsibility for their own well-being. Travis also believes that by drawing from the four areas of physical awareness, nutrition, stress control, and self-

responsibility people will identify their basic physical and emotional needs and change their lifestyle in order to get their needs met.

Cowen (1991) provides a two-part description of the term wellness. It is described as a presence of wellness that includes eating well, sleeping well, and doing one's mandated life tasks well while simultaneously having a sense of control over one's destiny, a feeling of purpose and belongingness, and as having basic satisfaction with one's reality. The author states that the focus should be on building health, not simply eradicating disease. His definition is similar to Travis' (1978) description that wellness exists along a continuum with negative and positive ranges.

Another definition developed by Hatfield and Hatfield (1992) define wellness as "the conscious and deliberate process by which people are actively involved in enhancing their overall well-being – intellectual, physical, social, emotional, occupational, spiritual" (p. 164). They point out that in the field of mental health, wellness is preventive, proactive, and dependent upon the needs of the person, capable of being adapted and emphasizes self-care and is an ongoing process.

Floyd, Johnson, McLeod, and Scroggs (1993) define wellness as including all dimensions of health and all aspects of one's lifestyle. It includes well-being in the physical, mental/intellectual, emotional, social, spiritual, and occupational areas of one's life. They consider wellness to be multidimensional, interconnected, and interrelated and imperative that all dimensions be considered and evaluated to understand how they each affect one another. This definition focuses on personal responsibility and encourages making healthy choices that fit one's lifestyle. Their explanation of wellness is an unending process that focuses on areas of proper nutrition, management of stress, disease prevention, smoking cessation, substance abuse

control, personal safety, regular examinations, health education, environmental support, as well as physical fitness.

Eckersley (2011) discusses the well-being of youth and prefers to use the term *health*. Eckersley defines health as “all states of the body and mind, going beyond death and disease to include non-clinical and positive aspects and so many dimensions of wellbeing” (p. 628). Eckersley’s definition further explains that wellness is determined by the quality and quantity of health behaviors such as sleep, diet, physical inactivity, and violence as well as societal factors including poverty, social inequalities, family changes, the educational experience, leisure and entertainment, and environmental degradation.

Many modern definitions and researchers of wellness consider wellness to be a matter of personal responsibility that challenges individuals to be proactive in making changes in their lives. The modern holistic definitions also make wellness accessible to all who desire it, rather than focus on wellness as a concept that is only to be understood by a select few professionals. For the purposes of clarity, wellness will be defined here as “A way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving” (Myers, Sweeney, & Witmer, 2000, p. 252).

Wellness Models

Dunn (1959) is considered one of the earliest contributors to modern wellness. Dunn’s model of wellness includes complex layers of wellness. Dunn recommended a change in practices where health practitioners focused on positive health rather than negative symptoms and rehabilitation. His definition considered health and disease as an axis with a focus on

quadrants that included poor health and high-level wellness, with variations dependent upon a favorable or unfavorable environment.

Travis (1978) developed a model of wellness education that incorporated nine objectives that teach people how to take care of themselves. The first objective is to know one's needs and how to meet them. Secondly, Travis' model encourages acting assertively as opposed to passively. The third objective for an individual is to view negative physical symptoms as opportunities to improve the condition and increase one's self-knowledge. The fourth goal of the model is that the individual enjoy positive well-being even during challenging times. Next is that the individual learn to create and cultivate close relationships with others. The sixth objective involves creating the life that one desires rather than passively allowing and reacting to what happens. The seventh objective is to identify emotional and physical triggers and signals of the body as well as understand how to change the patterns that lead to these triggers. The eighth objective is to trust in one's personal resources as sufficient enough to provide strength required to progress through life, evolve, and grow. The final objective of Travis' model is to learn and experience self-love.

Later, Travis and Ryan (1988) developed *The Iceberg Model* to understand the causes of disease. In their model, an individual's state of health is a small percentage of the person. In this model of wellness, a symptom represents the tip of the iceberg of disease and suggests that there are underlying causes. The first level that contributes to one's state of health is their Lifestyle/Behavioral level which includes what a person eats, exercise and physical activity, relaxation and stress management, and personal safety measures. Secondly is the Psychological/Motivational level. This level includes what leads and guides a person to live a certain lifestyle and helps them evaluate or perceive the benefits of that particular lifestyle. Beneath that level is the Spiritual/Being/Meaning level. This level, or realm, includes the

unconscious mind, the spiritual aspects of oneself, and one's life meaning. The authors also state that this final level determines the ultimate state of health as disease or wellness.

Purdy and Dupey (2005) developed the *Holistic Flow Model of Spiritual Wellness* which places spirituality at the center of one's life. Spirituality is considered the main source of energy from which people think, act, feel, exist, and that a person's state of balance is a reflection of balance in their spirit. Transcendence is seen as the way in which the individual reflects on life and makes changes as necessary for improvement. The main components of their model are believing in an organizing force in the universe, connectedness, faith, movement toward compassion, the ability to make meaning of life, and the ability to make meaning of death. In their model, they suggest that the development of these components can help enrich a person's quality of life and allow the person to be fully functional in all other dimensions of life. The life tasks of this model are companionship, mind, life's work, emotions, body, beauty, and religion.

Botha and Brand (2009) conducted a study to determine a holistic model of wellness for managers in tertiary institutions that could be used to determine wellness behavior and health risk assessment. The model in their study originally included the physical, emotional, intellectual, social, occupational, and spiritual wellness dimensions and the sub-dimensions of physical fitness and nutrition, medical self-care, safety and lifestyle, environmental wellness, social awareness, emotional awareness and sexuality, emotional management, intellectual wellness, occupational wellness, and spiritual wellness. The researchers then conducted a study with a sample of managers where they used a previously validated measure of wellness and a measure of health risk scores. Nine additional health risk indicators were added by the researchers to determine the high health risk scores for the participants. As a result of their study, an eleventh dimension of the model was added named *health risk scores* which included factors that have been used in other research studies to assess health risk behaviors. The health risk

indicators were smoking, number of doctor visits per year, number of hours of sleep, report of health status, family history of disease, stroke and blood cholesterol levels, and diagnosis of medical conditions.

Hattie, Myers, and Sweeney (2004) state that although there are many models of wellness in existence, many of them are more suited for health care than for counseling and development. The authors point out that the developmental approach to counseling is complex and is influenced by many factors, hence specific models addressing the human development, the lifespan, and focus on psychological well-being are more suitable. Accordingly, The Wheel of Wellness (Myers & Sweeney, 2005b; Myers, Sweeney, & Witmer, 2000; Sweeney & Witmer, 1991) and The Indivisible Self (Myers & Sweeney 2005c, 2005d; Hattie, Myers, & Sweeney, 2004) models of wellness were developed and have been widely used in practice and researched to establish them as reliable measures of wellness in the field of counseling and development. These two models of well-being were developed using Adler's Individual Psychology as a theoretical framework. Adler's beliefs of human nature were that "behavior is holistic, or interrelated; teleological, in that it has a purpose and is directed toward a goal; and phenomenological, because it can best be understood from the client's frame of reference" (Nystul, 2011, p. 173). Adler's view of human nature and behavior encompassed many of the current fundamental foundations of current wellness models and the authors felt as though it provided the most comprehensive framework for wellness theory (Myers, 2006).

The Wheel of Wellness, was first developed by Sweeney and Witmer (1991) and updated in subsequent studies (Hattie, Myers, & Sweeney, 2004; Myers & Sweeney, 2005b). The model includes five major life tasks and 12 subtasks. Spirituality is at the core of the model and theorized to be the most significant attribute and life task for healthy individuals. The remaining life tasks are work and leisure, friendship, love, and self direction. The life task of self direction

contains 12 subtasks within it which are (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional awareness and coping, (e) problem solving and creativity, (f) sense of humor, (g) nutrition, (h) exercise, (i) self-care, (j) stress management, (k) gender identity, and (l) cultural identity. In this model, there is an interaction between the individual, the life tasks, and multiple life forces which include but are not limited to family, community, religion, education, government, media, and business/industry.

Similarly, the Indivisible Self, which is an evidence-based model of wellness, was developed after final analysis of the Wheel of Wellness failed to support all of the components of the hypothesized model previously discussed (Hattie, Myers, & Sweeney, 2004; Myers & Sweeney 2005c; Myers & Sweeney, 2005d). Empirical testing generated this model. There is a single higher order factor which is Wellness. It includes five second order factors which were renamed the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self, each with corresponding third-order factors. The corresponding third-order factors are (a) Thinking, (b) Emotions, (c) Control, (d) Work, (e) Positive Humor, (f) Leisure, (g) Stress Management, (h) Self-Worth, (i) Realistic Beliefs, (j) Friendship, (k) Love, (l) Spirituality, (m) Gender Identity, (n) Cultural Identity, (o) Self-Care, (p) Nutrition, (q) Exercise. The contexts, which the authors see as systems that the Indivisible Self is affected by as well as has an effect on, includes those systems or environmental situations that have an influence on the individual. The contexts are Local, including family and communities; Institutional such as religion, government, educational systems, and industry; Global such as politics, global events, and the environment; and lastly Chronometrical which relates to the changes people make over time and the effects of those changes and an individual's personal decisions.

Existing Wellness Programs

The first known wellness center, The Wellness Resource Center, was opened in the United States in 1975 (Travis, 1978; Wellness Associates Inc, 2011). Located in Mill Valley, California, the wellness center provided resources in five areas that were designed to help an individual address challenges and make changes in their lives. The first area was the *wellness evaluation* which helped clients to assess their lifestyle, living habits, and their relation to health and well-being. The second area was *being aware of your body*, which was an individualized focus that addressed nutrition and physical activity. The clients also addressed challenges to properly caring for themselves in this area of wellness. The third area was *taking charge of your mind*, which involves counseling sessions where an individual learns how to create their life rather than take a reaction-based approach to life circumstances. Various areas of life are addressed such as negative thinking patterns or specific areas such as relationships, financial challenges, work, or self-confidence. The final area is *communicating your needs*, which is conducted in a group format. The Life-style Evolution group focused on exploring alternatives to tension and anxiety and learning skills for positive and enjoyable living, improving communication skills, emotional awareness, and meeting basic human needs.

Many wellness and prevention programs have been implemented in the schools (e.g. Bargiel-Matusiewicz & Wilczynska-Kwiatek, 2009; Chesser, Hawley, & St. Romain, 2009; Tuuri et al., 2009). These programs address various issues such as fruit and vegetable consumption, strategies and interventions to decrease obesity, self-esteem, substance abuse prevention, and others. Many of the programs are implemented by various school staff members such as teachers and school counselors.

Wellness programs have also been implemented on various educational levels. One such program is one implemented by Romano (1984). This program was a college level, three-hour

credit course focused on prevention and with goals of teaching about stress management theory, behavior change techniques, and providing guidance and information about diet, physical exercise, and an opportunity for students to learn to implement the techniques into their own lives before crisis or difficulties develop. The authors used a holistic model with the four dimensions of affective, cognitive, physical, and spiritual aspects of one's life. The students were taught how all of the dimensions were related and given real-life examples. Each course was also developed around these dimensions with theory and application in each class session.

The students learned assertiveness training, relaxation and breathing techniques, stress inoculation techniques and biofeedback techniques for stress reduction. The course utilized holistic health related texts and emphasized active commitment by the students for changes to take place. The students were assigned self-assessment activities such as diaries to monitor change and awareness. They were also assigned a personal paper which focused on stressors they wanted to change, an actual intervention plan, and an assessment of how effective the changes were.

At the end of the program, the students were surveyed. Out of 102 students who had previously taken the course, 89% strongly agreed that they could manage stress better from techniques learned in the course and 76% of the students agreed they had learned techniques that they could use in the future. Fifty-four percent of the students stated their stress levels were lower at three-month follow up. This program appears to be an effective way to teach stress-prevention and can be altered to be taught with developmentally appropriate language and teaching methods.

Wellness programs have been implemented in 15 offices at city schools in San Francisco (Tucker, 2011). The programs provide mental health support, reproductive services, referrals to doctors, a school nurse, and other staff members available to provide support as needed.

Although no empirical data could be found regarding the program's effectiveness, students who participated in a wellness program reported that the program helped them cope with stress and bullying.

Another program is at St. Paul's School for Girls (n.d.) which offers several solution-focused wellness programs taught by the school counselor. The programs are taught to students in grades five through 12. The program focuses on developing skills in areas such as nutrition, friendships, safety, communication skills, substance abuse prevention, and conflict resolution. The program is delivered through individual and group counseling, classroom guidance and other services. The school also has 22 students who are trained as peer educators to conduct lessons with other students. There is also an online newsletter with information and activities based on the program. Additionally, the students develop websites that focus on specific issues within the program for their peers to learn from (e.g. McKee, n.d.; Riger, n.d.).

One high school in Iowa (Washington High School, 2011) implements a wellness program through a partnership between the counseling program and the parent-teacher association. They provide classroom guidance on topics such as suicide prevention, mental health, sexual health, domestic violence, and nutrition. Each month has a specific focus area and the sessions are conducted in various classes.

Another wellness-based school counseling program is in a Washington D.C. (National Cathedral School, n.d.) private school. The program works to educate the students and help them find balance on five multidimensional domains of wellness, which are physical, spiritual, intellectual, social, and emotional. The goal of the program is to help students develop skills in areas such as emotional resiliency, problem-solving, self-awareness, stress management, and communication. The program is delivered in various ways. The school counselor and the nurse

also collaborate with other staff such as the athletics coach, science department, and college guidance department to enhance the wellness learning experience.

School Counselor Roles

American School Counselor Association

School counselors are expected to perform their job duties and assist students in development in the following domains: academic, personal/social, and career (ASCA, 2005). The American School Counselor Association (ASCA, 2005) has established a framework for school counseling programs that is designed to provide a generic structure to integrate into existing programs, state standards, and local mandates. It was developed for counselors to use with the integration of local conditions that may necessitate adjusting programs to include the diversity needs of the students they serve, their individual school mission, and goals of the school community.

Foundation. The foundation of the ASCA National Model (ASCA, 2005) describes what each student will know as a result of the program being carried out. It includes a mission describing the purpose of the program and the vision for each student that services are provided for. The domains within this foundation are academic, career and personal/social areas of the students' lives to support and improve their personal development, growth, and academic achievement. The standards and competencies identify what the students will demonstrate or gain as a result of participating in the school counseling program.

Delivery System. Within ASCA's National Model (ASCA, 2005) a school counselor's program delivery methods define how a school counselor will deliver the program. The first method is *guidance curriculum* which is a series of developmentally appropriate organized lessons, usually delivered in group or classroom format, which assists students in attaining the competencies. A second method is *individual student planning* where the counselor develops and

coordinates activities to help individual students in reaching goals. A third delivery system is *responsive services* which serve the students' high priority needs depending on the situation for the individual student. A fourth delivery system is *systems support* which includes professional development, consultation, and collaboration to provide student needs, and program management and operation.

Management Systems. The management systems of the ASCA National Model (ASCA, 2005) focus on when, why, and on what authority the program will be executed. These components are made up of various steps and checkpoints to ensure effective program delivery. School counselors and administrators usually must come into agreement on responsibilities as to how the program will be carried out as well as expected results. A best practice is to have the plan reviewed by an advisory board representative of the school and community in which the school counselor is serving. A plan is recommended to be devised with details of program implementation. Management of the program is driven by the collection and usage of data. Data collection includes an assessment of student's needs. The program data results in a report of the progress students have made as a result of program participation. This reporting helps determine how effective the program is in addition to serving as a planning tool for future program adjustment.

Accountability. Accountability is the area of the program model (ASCA, 2005) where counselors demonstrate how students have changed or made improvements as a result of program implementation and their participation. School counselors may develop reports with comprehensive information such as the process of program implementation, short and long range results, and any improvements that need to be made to increase program effectiveness. It is in the school's best interest for the school counselor to review this information with stakeholders to advocate for students and the program.

The American School Counselor Association (2005) includes four themes as part of their model that school counselors should work within to effect change. The first is leadership which allows a counselor to connect students with resources that they need to maximize achievement. Secondly is advocacy, whereby counselors advocate for students in order to assist students in getting their needs met in all areas of their school experience. In this advocacy role counselors help to remove any obstacles to equity and achievement for each student. Third is collaboration and teaming which includes assisting in coordinating various educational placement and miscellaneous services that the school provides such as staff meetings, program development and strategic planning, data, testing, and resources necessary for guidance services (Myrick, 1993). Lastly is systemic change which is an opportunity for school counselors to use their unique training, knowledge about students, cultivated school relationships, and community resources, to assess for systemic impediments to academic success. This information is used to help change the policies that are continuously perpetuating the barriers to achievement.

State Specific Models

Many states have their own model of comprehensive programs that outlines program development and delivery. One model in which some states base their programs is the *Development Guidance and Counseling Model* (Myrick, 1993). Myrick's model is designed from an approach that is based on developmental theory. The theory of developmental guidance posits that development spans over the course of one's life and is an interaction between what a person has at birth and the different environments and experiences a person has as he/she grows. This development model contains eight goals, which are:

1. Understanding the school environment: Helps students understand about the school environment they attend as well as guidance services and roles of staff.

2. Understanding self and others: Helps students understand their strengths, personal characteristics, and areas in which they want to improve. This goal also helps students gain the necessary skills to conduct personal assessment and have successful interpersonal relationships.
3. Understanding attitudes and behaviors: there is an emphasis on understanding how habits, attitudes, and perceptions affect behavior as well as how behavior can be changed.
4. Decision making and problem solving: emphasizes setting goals, personal choice, and responsible decision-making skills.
5. Interpersonal and communication skills: Highlights the importance of developing interpersonal relationships and communication skills. It also emphasizes how these skills impact friendships and other interactions.
6. School success skills: Assists students in developing productive habits and skills to excel in school such as time management, study skills, and effective conflict resolution skills
7. Career awareness and educational planning: Helps students understand the world of work and how to assess skills, interests, and prepare for life after school.
8. Community pride and involvement: Points out the importance of community involvement and resources.

Within this developmental guidance and counseling program, schools counselors, teachers, and other school staff members, such as teachers and support staff, have various roles that allow the program to be implemented smoothly. The six counselor interventions for this particular approach to school counseling are (a) individual counseling, (b) small group counseling, (c) large group guidance, (d) peer facilitation training and projects, (e) consultation, and (f) coordination of guidance services. As a facilitator within this model, it can be used to provide school counseling services to students from a wellness perspective. For instance, individual counseling

can be used to interview students and conduct wellness assessments and connect students with appropriate referrals and community resources. Students may also provide encouragement, support, and assistance through the use of group counseling or peer facilitation. Another example is large group guidance where a counselor may potentially reach many more students and develop a series of wellness lessons where assessment, goal setting, and planning can take place.

Many models recommend specific percentages of time counselors should spend performing their duties (individual, group counseling, classroom guidance, consultation, etc). Myrick (1993) recommends during a complete school week, counselors should spend two to six hours per week of their work week in individual counseling sessions; group counseling should be four to 10 hours; classroom guidance two to three hours; peer facilitation projects should be one to five hours; consultation and coordination service hours should vary depending needs of students, parents, and other staff members. Other researchers suggest that counselors allocate 20% of their time to activities that create a welcoming school environment and focus on building the strengths of the student through working with families and other school staff to reach goals as well as strengthen partnerships (Epstein & Voorhis, 2010).

An example of a state model is The Arkansas Model (2009), which is a comprehensive school model with a foundation in developmental counseling services that is aligned with the mission of the Arkansas Department of Education and has the vision of promoting unity, consistency, and accountability within the state's school counseling programs. It is based on the ASCA National Model and the state's legal requirement that the majority of a school counselor's time be spent in direct service to students for maximum benefit to students. This model provides a guideline for counselors in the state to follow in developing their school counseling programs and provides accountability and evidence of their program's effectiveness at the end of each school year.

Perceptions of School Counselor Roles

School counselors often experience role conflict and ambiguity. Coll and Freeman (1997) conducted a study and found that elementary school counselors experience more role conflict than middle and high school counselors. Unfortunately, the skills and training of schools counselors are not always fully realized nor utilized. School counselors are trained to assess and consider issues that other school staff may not have been trained to identify and it is up to the counselor to demonstrate these abilities and special training (Wingfield, Reese, & West-Olatunji, 2010). For instance, school counselors are trained to consider the impact of social or emotional adjustments on academic achievement. Although specific duties are outlined (ASCA, 2008), the duties of the school counselor may be assigned by the school administration and frequently contrasts their training (Young & Lambie, 2007).

Perkins, Oescher, and Ballard (2010) conducted a survey to assess stakeholders' perceptions of the importance of school counselors. The stakeholder sample in their study consisted of elementary school counselors, school teachers, elementary school principals, and counselor educators. The researchers found that all stakeholder groups perceived a school counselor's role as that of a mental health worker, which is inconsistent with a school counselor's training and role of helping students strive toward academic achievement.

It appears as though some rural school administrators perceive school counselors' roles differently. Bardhoshi and Duncan (2009) conducted a survey of rural elementary, middle, and high school level administrators. In their study they found that based on the ASCA National Model's recommended service delivery categories, these administrators ranked responsive services, namely crisis intervention, small group counseling, individual counseling, referrals from school support staff and community services as the highest importance for school counselors. They also found that the administrators rate administration of cognitive, aptitude, and

achievement tests as important as well as assisting in special education services and maintaining student records as appropriate roles of a school counselor despite the professional literature specifying otherwise. Thirdly, the administrators ranked tasks of school counselors by priority and the top five priorities of school counselors were crisis intervention, helping with peer relationship issues, coping strategies and effective social skills, individual counseling, and assisting principals with identifying and resolving student issues.

Burnham and Jackson (2000) conducted a study to assess how school counselors define their role and utilize their time. They administered a questionnaire and found that the most time was spent in non-guidance duties with respondents reporting one percent to 88 percent of their time spent on these duties. These nonguidance duties included student records (65%), scheduling (56%), bus duty (38%), averaging grades (20%), and office-sitting (44%). The school counselors report spending various amounts of time on essential duties that included a range of 2% to 75% on individual counseling, 10% to 23% on group counseling, various classroom guidance sessions ranging from one per week, twice a month, once monthly, once every 6 weeks, and nine counselors reporting not meeting regularly. Consultation services ranged from one percent to 80% of the counselor's schedule spent in this area. Additionally, 87% percent of the respondents coordinated testing in their schools with some spending time conducting training with faculty on assessment procedures as well as interpreting test results.

In a study conducted by Scarborough and Culbreth (2008), school counselors report wanting to spend less time in nonguidance activities and more time on interventions associated with positive results for their students. The study also found that counselors preferred to spend time on duties that were in line with a developmental comprehensive model of school counseling. Elementary school counselors were most likely to be performing duties that they preferred. They found that high school counselors were least likely to be performing duties that

they preferred to perform. An increase in the number of years of experience and the incorporation of national standards of school counseling in their program also contributed to counselors performing more duties that they preferred. The counselors were also more likely to engage in tasks as they preferred if they judged them as tasks that would lead to particular results and had the support of school administrators. This study is consistent with findings from other studies (Vaughn, Bynum, & Hooten, 2007) that indicate that school counselors would prefer to spend time on duties that advance student achievement. Vaughn et al. (2007) state that it is important that school counselors understand their role and actively communicate this role to administration, parents, teachers and other stakeholders in their schools.

School Counselor Self-Efficacy

The concept of *self-efficacy* is also relevant to the performance and functioning of school counselors in their roles. Perceived self-efficacy is defined as “beliefs in one’s capabilities to produce given attainments” (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999, p. 258). It determines how people act when faced with adversity, how people motivate themselves, and the choices they make (Bandura & Locke, 2003). After surveying members of ASCA, one study found that school counselors who had higher self-efficacy scores were more likely to use the ASCA National model or another comprehensive guidance program and perceived themselves as having more impact on their students’ achievement (Bodenhorn, Wolfe, & Osaro, 2010).

Bodenhorn and Skaggs (2005) point out that the issues involved in school counselor self-efficacy are further obscured due to the changes in the profession’s role identity and focus. They developed an instrument to measure school counselor self-efficacy and found that school counselors with teaching experience had higher levels of self-efficacy than those with no teaching experience. They also found no significant difference in self-efficacy between those with other types of counseling experience.

Holcomb-McCoy, Harris, Hines, and Johnson (2008) conducted a preliminary study to measure school counselors' perceived ability to promote fairness and justice for all students that they serve. They developed the *School Counselor Multicultural Self-Efficacy Scale* to measure self-efficacy in six areas that include scales of (a) Knowledge of Multicultural Counseling Concepts, (b) Using Data and Understanding Systemic Change, (c) Developing Cross-Cultural Relationships, (d) Multicultural awareness, (e) Multicultural Assessment, and (f) Applying Racial Concepts to Practice. In their study, they found that ethnic minority school counselors reported a higher level of multicultural self-efficacy than White American counselors on five of the scales which led the researchers to believe that real life experiences, higher proportion of minority clients or students, and different training may contribute to multicultural competencies. They also mention that the results of the study suggest that more training in multicultural counseling was related to higher perceived self-efficacy, specifically in the area of multicultural knowledge and the use of data and understanding systemic change. Although years of experience was related to factors of self-efficacy in their study, there were no significant differences on the factor scores based on years of experience.

These areas of school counselor self-efficacy are important in all functions of a school counselors' job. When implementing a wellness program or wellness-based strategies, it is important for counselors to be confident in their abilities. These abilities include not only performing their job well, meeting the goals of the school and the individual programs, but also meeting the needs of individual students with diverse backgrounds and requirements.

Wellness Implementation in Schools

Wellness implementation in schools must focus on areas that are developmentally appropriate. Villalba and Borders (2005) insist that school counselors must play a role in promoting wellness in their school. Empirically based studies show the effects of wellness

strategies used by school counselors on the well-being of the student (e.g. Myers, Willse, & Villalba, 2011; Omizo, Omizo, & D'Andrea, 1992; Rayle & Myers, 2004; Villalba & Myers, 2010). Villalba and Borders (2005) propose that the deliberate application of a wellness perspective can benefit the school counseling program and the entire school climate. Through various delivery methods highlighted in the school counselor's program, wellness concepts may be integrated to increase student's wellbeing and increase academic achievement. Healthy People 2020 (United States Department of Health and Human Services, 2011) list goals for improving the health of all Americans by the year 2020. Goals for children include an increase in positive and close parental relationships and communication, a decrease in poor sleep quality, and an increase in the number of children who receive health education in areas such as personal and social skills. The goals for adolescents include areas such as increasing the proportion of adolescents who receive wellness checkups, increase in parental communication when talking about problems, an increase in graduation rates for students of all backgrounds, and a decrease in school absenteeism. School counselors, through their training, expertise, and program delivery, have the potential to collectively contribute to the national attainment of these goals. Partnership with teachers on classroom guidance lessons is also a way in which counselors can integrate more wellness and health information into their program (Omizo et al., 1992; Villalba, 2007).

When counseling from a wellness focus and perspective, it is important for counselors to address particular events and consider how the person's wellbeing is impacted (Villalba, 2007). Villalba also recommends integrating wellness work into elementary school groups of various sizes. Some other wellness topics recommended include working with students in groups with issues such as poor decision making skills, anger management difficulties, and in improving self-concept (Villalba, 2007) and with students in disciplinary alternative education programs (Perepiczka, 2009). When using models such as the *Indivisible Self*, it is suggested that

counselors focus on concrete wellness concepts such as taking care of one's body, and eating healthy foods (Villalba & Border, 2005). It is important at this stage to help children understand the basic concepts and wellness activities. Using *Indivisible Self* model for example, recommended areas to focus on may be *Nutrition, Exercise* or *Self-Care* (Villalba & Borders, 2005).

Other studies have also found positive results from using wellness-based theory and models. In a quasi-experiment conducted by Omizo et al., (1992) elementary students in the experimental group received wellness guidance lessons over a span of ten weeks from a teacher trained in wellness promotion. The lessons were designed to help students improve in areas such as nutrition, daily exercise, stress management, self-esteem, and development of healthy habits. At the end of the experiment, the students in the experimental group had higher levels of self-esteem and knowledge of wellness information than students in the control group who did not receive wellness-based guidance lessons. Villalba and Myers (2010) found that conducting a series of wellness-based classroom guidance lessons with elementary students increased wellness with the most significant differences found in *Total Wellness* and the second order factors of *Creative Self, Social Self, and Physical Self*.

The period of adolescence is one of many developments and changes for youth. This is a time of puberty marked by physical changes, development of decision-making skills, development of higher level thinking, identity formation, gender and ethnic identity, sexual orientation, self concept, and self-esteem, motivation levels change, and changes in peer relationships (Wingfield, Lutz, & Wagner, 2005). School counselors may implement wellness assessment, as well as wellness-based curriculum and work with students to help them through these transitions and prevent negative impact on their academic achievement and other aspects of their lives.

Middle school counselors may address developmentally appropriate areas such as stress management and self-control in difficult situations (Villalba & Borders, 2005). These areas also correlate with one study conducted where it was found that coping strategies are in fact an area of concern for middle school aged children (Briggs, Gilligan, Staton, & Baron, 2010). Villalba and Borders (2005) also recommended that middle school counselors focus on areas such *Creativity, Stress Management, and Sense of Control*. Due to middle school students' area of development at this time of adolescence The *Coping Self, Social Self, and Creative Self* wellness domains were found to contribute to higher levels of general self-esteem and social self-esteem in one study with adolescents (Myers et al., 2011).

When working with adolescent students, incorporating wellness strategies allows for a flexible approach to understanding their development and functioning and goals (Rayle, Moorhead, Green, Griffin, & Ozimek, 2007). The use of wellness assessment instruments also provide counselors with a quantitative picture of students' wellness levels (Rayle et al., 2007) and can be used as a starting place when discussing various factors that influence wellness. It is also important to address overall life satisfaction in areas such as friendship, family, and self-concept, as well as motivation toward achieving goals, since it has been found that there is a moderate positive correlation between life satisfaction, goal achievement, and wellness (Briggs et al., 2010) for this age group.

When transitioning from middle school to high school, students may experience many adjustments. A case study by Moorhead, Green, McQuiston, and Ozimek (2008) was conducted with a student diagnosed with Asperger's disorder. Although some wellness factors unexpectedly fluctuated contrary to the treatment goals, this study points out the importance of school counselors having awareness of how life and school transitions affect the wellness levels of their students. In their study they pointed out how some transitional issues experienced by the student

may have had an influence on post-treatment wellness scores. These transitions included moving to a different neighborhood, adjustment to advancing to high school with increased responsibilities, and changes in self-esteem and self-concept after such a transition. It is imperative that counselors understand how to assess for these adjustments and provide students with developmentally appropriate interventions to assist in a positive transition and experience. This study also highlights the need to increase studies on wellness with students with developmental and physical disabilities.

High School counselors may address issues such as self-worth, ethnic identity, and planning for one's future (Villalba & Borders, 2005). Although most high school counselors have many more roles and less time per student, they can use individual time to discuss personal and multicultural issues. Wellness for adolescents may address areas of spirituality, self-direction, schoolwork, leisure, love and friendship (Rayle & Myers, 2004). In their study that focused on developing a model to predict wellness in adolescents, they found that out of acculturation, ethnic identity, and mattering, ethnic identity was the strongest predictor of wellness for minority adolescent students but not for nonminority students and all students combined. They also found that minority students in this study perceive that they matter less, which also presents implications for counselors to address multicultural issues with students of various backgrounds and cultures and how their wellness is impacted by these factors.

Makinson and Myers (2003) propose that the implementation of wellness strategies is an effective approach to prevent violence in adolescents. The authors argue that the effects of violence affect almost all aspects of one's growth and functioning and that these issues must be addressed from all angles due to their complex nature, rather than to focus solely on the individual. They further explain that the *Wheel of Wellness* model provides a theoretical framework for addressing these complex problems while simultaneously providing a model for

prevention. Another point that the authors make is that when wellness strategies are used in a group setting for violence prevention, members can change their behaviors as well as influence others to change. The nature of infusing wellness strategies such as these into school counseling programs can be done through the counselor education programs, supervision, and additional training.

Wellness in Counselor Education

Students receive their foundation of counseling training in their counselor education program. In the *2009 Standards*, CACREP addresses wellness in the areas of professional identity development, clinical mental health preparation, marriage, couple and family counseling, school counseling, and student affairs and college counseling areas of counselor preparation. In regards to school counselor professional preparation, the standards state that in preparing students to work as professional school counselors, programs will provide evidence that student learning has occurred and that students “know the theories and processes of effective counseling and wellness programs for individual students and groups of students” (p. 41) and that the school counselor “designs and implements prevention and intervention plans related to the effects of (a) atypical growth and development, (b) health and wellness, (c) language, (d) ability level, (e) multicultural issues, and (f) factors of resiliency on student learning and development” (p. 41). Although these terms may appear vague, this is a starting point for programs who wish to infuse wellness counseling into their curriculum.

Witmer and Granello (2005) point out many benefits to a wellness-oriented counselor education program. One benefit is that structure is provided in order to promote the wellbeing of faculty and students and allow faculty to model wellness. Student wellness is also optimized by encouragement from faculty and supervisors as well as assessment of their own wellness and adjustment for healthy lifestyle changes. In such a program, supervisors will also be supported in

developing wellness competence, as well as developing competence in the assessment of client strengths and wellness attributes to be used in treatment planning. Earlier researchers have called for an infusion of wellness philosophy into all areas of counselor education programs and preparation standards (Myers, 1991). Others posit that when counselors are more aware of wellness and take care of their own state of wellness, they are better able to help their clients attain higher states of wellness (Lawson, 2007; Myers, 1991). Witmer and Granello (2005) list three models for integrating wellness into counselor education curriculum: a *Course Specific Model*, an *Infusion Model*, and a *Holistic Model*.

The *Course Specific Model* involves the creation of a single course solely devoted to the topic of wellness (Witmer & Granello, 2005). They explain that this particular type of wellness course focuses on more positive models of development and lifestyle changes as opposed to focusing on traditional pathology. An advantage to this type of course is that the training program does not need to make major changes to accommodate such a course. A drawback to this type of course, according to the authors, is that students tend not to generalize what they learn across experiences and other topics within counseling. Another disadvantage is not having numerous faculty members prepared or interested in teaching this course, which could leave students at a disadvantage should that professor leave as well as give the appearance that wellness is the agenda of one particular professor rather than a program supported teaching endeavor.

Currently Ohio University offers a course entitled “Counseling and Spirituality” which is similar to integration using the *Course Specific Model*. Another program offers a program emphasis in Behavioral Health and Wellness at Northwest Nazarene University (2011). The program specifies that:

This specialization prepares students to understand alternative diagnosis and treatment methods beyond Western mental health approaches. The course work for this emphasis area is designed around the ACA spiritual competencies for counselors and contemporary wellness literature. Native traditional healing, mindfulness, guided imagery, writing for spiritual growth, and meditation are some of the perspectives addressed in the course work.

Students are provided with additional courses in logotherapy, wellness models and spirituality, and foundations of behavioral health.

Another example is the Mental Health and Wellness counseling program at New York University (NYU, 2011). This program offers a course entitled *Foundations of Counseling for Mental Health and Wellness*, which focuses on improving mental health and promoting wellness. It infuses wellness models and addresses how wellness is impacted by multicultural issues such as gender, class, age, and ethnicity. Mental health outcomes are studied as they relate to and are impacted by wellness constructs such as spirituality and resiliency. Global influences are also considered, such as individual and community level.

The *Infusion Model* involves inserting wellness objectives and related assignments into existing course work (Witmer & Granello, 2005). An example would be to evaluate current course syllabi and determine whether wellness concepts may be added to the course objectives (Witmer & Granello, 2005). This can also be an effective strategy to fulfill the requirements of CACREP in addressing wellness.

The *Holistic Model* includes adding wellness philosophy and objectives into coursework and noncurricular experiences of counselor education faculty and students (Witmer & Granello, 2005). This approach involves adding wellness components into every area of a counselor education program including application process, program communication materials, faculty, courses, and fieldwork experiences. It helps to develop a wellness community with the purposes of wellness becoming part of career and personal lifestyle.

Yager and Tovar-Blank (2007) highlight areas of promoting wellness in counselor education and make the case that counselors are most effective when they are working to promote their own wellness. They list ways in which counselor education programs can address wellness in their counseling training. These strategies include (a) modeling wellness for students, (b) communicating that perfection is not the goal of wellness, (c) presenting wellness as a lifestyle choice, (d) reviewing the ACA Code of Ethics on counselor responsibility in regards to wellness, (e) promoting a wellness philosophy in all courses, and (f) developing innovative strategies to reinforce students' attention to wellness.

The infusion of wellness into supervision is also a strategy that programs can use to promote wellness and practice in training, as field supervisors are also in a unique position to promote and model wellness for their supervisees (Witmer & Granello, 2005). Lenz and Smith (2010) present a Wellness Model of Supervision (WELMS), which includes the elements of education, assessment, planning, and evaluation, which is similar to the approach to assessing wellness for a client (Myers & Sweeney, 2005e). The educational component of the model starts in the first session and the supervisee gives his/her own personal definition of wellness and it is documented for future reference and review. The supervisor also educates the supervisee on models of wellness. In the assessment component of the model, the supervisee gains an understanding of their own state of wellness through informal assessment strategies such as discussion with their supervisor or personal reflection as well as formal assessment strategies such as paper and pencil tests or online assessment, or a combination of the two. The planning component of the WELMS includes developing a wellness plan in one or two areas following review of the assessment results while the supervisor remains vigilant regarding challenges to attaining wellness in those areas as well as implementing supervision strategies to assist in progression toward the goals. The evaluation component of wellness includes regular follow up

with supervisees regarding progress and barriers towards goals and how these issues may have affected their personal growth as well as work with clients. Supervisors may also elect to assess wellness using one of the available tools to provide a measure of wellness improvement or decline.

Summary

After conducting a thorough search of existing literature related to wellness specific to school counseling, the researcher found many studies that addressed ways in which school counselors could include wellness in their programs with various results. No studies were found that specifically addressed the training or preparation of school counselors in the area of wellness. It is also noted that a majority of the studies addressed factors that affected wellness. This emphasis merits the need to determine school counselors' perceptions and preparedness to implement wellness in their counseling programs.

Wellness and well-being are constructs that are still developing and changing over time. As is apparent from the scarcity of research on the preparedness of school counselors to work from a wellness-based perspective, clarity on the usage of wellness and the long-term effectiveness with children still remain as unanswered questions. School counselors come in contact with hundreds of children each day, thus it appears that they have the potential to have some of the greatest impact on children. One of the first steps is to properly educate and train individuals who work with children. We do not specifically know how prepared school counselors are in the area of counseling for wellness or whether they are implementing wellness-based strategies or programs in their schools. This literature review provided a rationale and support for the study of school counselor's preparedness for implementing wellness strategies. A review of their roles and the benefits of wellness-based programs were provided which further demonstrated a need for this study. Therefore, this study seeks to answer these questions.

CHAPTER THREE: METHODOLOGY

Research Design

The current research project is a cross-sectional survey design, which collects information about participants' attitudes, beliefs, and behaviors (Young, 2010) related to the topic of wellness preparedness. Survey questions and research questions were generated from theory and past research. Guidelines related to the development of survey questionnaires were also used to develop survey items (Dillman, Smyth, & Christian, 2009; Salant & Dillman, 1994).

General Research Questions

1. How prepared do school counselors believe they are in the area of wellness?
2. To what extent are school counselors implementing wellness strategies in their counseling programs?
 - Does this differ by:
 - (a) Grade level
 - (b) Weekly allocation of wellness-based counseling hours
 - (c) Years experience
3. Do school counselors who graduated from a CACREP accredited program rate themselves differently in wellness preparedness than school counselors who graduated from non-CACREP accredited programs?
4. Do school counselors differ in their self-rated sense of wellness preparedness based on years of experience?
5. Do school counselors perceive themselves as having a role in promoting wellness in schools?

Participants

The participants were a convenience sample of professional school counselors who hold at least a master's degree and work at a public school serving grades kindergarten through 12 in a mid-south state. The counselors were chosen from a listing published by the state department of education. An email was sent to contact counselors in the mid-south state to solicit their participation in the study. Every effort was made to obtain a representative sample of school counselors. A total of 282 school counselors started the survey but did not finish. As a result, 126 of the school counselors' surveys were discarded due to missing responses that were required for the final analysis. The final sample consisted of 156 school counselors from a mid-south state. Of the 156 school counselors, 9 (5.77%) were male and 147 (94.33%) were female. The school counselors' grade assignments varied from elementary school (61, 39.35%), middle school (32, 20.65%), high school (39, 25.16%), and other combined levels (23, 14.84%). One hundred and thirty seven participants were Caucasian (87.82%) and the remaining 12.17% were non-Caucasian. A more detailed description of the sample is found in chapter four.

Sampling Procedures

The primary purpose of this survey study was to determine how prepared school counselors are to implement strategies in counseling programs. A survey was designed to obtain this information. Measures to ensure content validity were taken by formulating the questions based on a review of literature. Experts such as counselor educators and school counselors also provided information related to what counselors can do to be prepared to implement wellness strategies in their school counseling programs. After writing the survey questions, a pilot study was conducted with a sample of six school counselors. A link was emailed to the online test version of the survey and the pilot study participants were asked to provide feedback on issues such as readability, general flow, and content. Once feedback was received from the six

individuals who completed piloting of the survey, the survey was edited into final form, based on their recommendations, and entered into an online survey software program.

An informed consent letter was written as part of IRB approval procedures and consisted of (a) the purpose of the study, (b) how participants' participation will help, (c) the possible benefits and harm that may come as a consequence of participation, (d) the researcher's contact information, (e) that completing the survey is informed consent with no additional signature needed and (f) that participants are free to discontinue completing the survey at any time or refrain from participating if they choose. While awaiting IRB approval, the researcher contacted the mid-south state board of education to obtain information on where to locate a listing of school counselors. The researcher was directed to a public website with the most current listing of contact information for school counselors in the state. This listing of counselors was published on the state's school counselor association website. This information was saved into a spreadsheet file and formatted with all irrelevant personal information removed.

Data Collection

Once IRB approval to conduct the study was obtained (found in Appendix A), a pre-contact email was sent to school counselors to introduce the study and inform them that a link to the survey would be coming within one week. A link to the online survey was emailed one week later. The link directed potential respondents to the website where they were directed to answer the survey questions and submit the answers electronically. Then a reminder/thank-you email was sent 10 days later. Lastly, a final reminder email survey was sent to nonrespondents one week later.

Once the survey was closed, the researcher downloaded all electronic survey submissions and created a codebook for all questions and variables in the survey. The survey answers were then transferred to a spreadsheet file for the data to be analyzed by the researcher. The researcher

reviewed answers to the survey for each participant and discarded surveys with incomplete responses in which the data were needed to analyze the research questions.

Ninety participants were considered an adequate sample size. Invitations to participate in the study were sent by email to a total of 1,181 school counselors. Once incomplete surveys were discarded, a total of 156 surveys from participants were retained for a response rate of 13.2%.

Instrument

The final survey contained six sub-areas that included *Education, Assessment, Planning, Follow Up, Consultation and Collaboration, and Diversity*. These subscales combined to make up an overall survey of *Total Preparedness*. Cronbach's alpha (α) was calculated for this sample and the results indicated that the entire survey had an internal consistency of $\alpha = .98$, *Education* $\alpha = .87$, *Assessment* $\alpha = .92$, *Planning* $\alpha = .97$, *Follow Up* $\alpha = .95$, *Consultation and Collaboration* $\alpha = .85$, and *Diversity* $\alpha = .96$. To obtain demographic information about the participants as well as assess school counselors' current wellness implementation strategies, their attitudes and perceptions about wellness as part of their job, educational preparation related to wellness in counseling, their knowledge and use of wellness models and strategies in the areas of assessment, planning, evaluation, follow-up, multicultural competencies, consultation and collaboration, and special populations. Additionally, the study assessed school counselors' personally rated perception of their preparedness relative to their educational experiences such as their graduate program and professional development training. The survey was also constructed to help determine the training needs for school counselors related to wellness. Another purpose of the survey was to gain an approximate figure of how school counselors manage their time in providing services to students. The final survey questions are found in *Appendix C*.

Variable List

Variables in this survey included demographic and survey instrument variables.

Demographic variables are those taken from the demographic information section of the survey: sex, age group, ethnicity, counselor grade levels, county, highest degree attained, CACREP accredited program, program track, certifications, years as a counselor, number of students served, number of students served that receive free or reduced lunch, and number of hours performing specific job duties. Following is how each demographic variable was coded.

Variables such as sex, age group, ethnicity, counselor grade level, highest degree obtained were assigned number values. Sex was coded 1 = male, 2 = female. Age group was coded 1 = under 30 years of age, 2 = 31 to 40 years of age, 3 = 41 to 50 years of age, and 4 = 51 years of age or older. Ethnicity was coded 1 = African American, 2 = Asian, 3 = Caucasian, 4 = Hispanic/Latino, 5 = Multi-racial, 6 = Native American, 7 = other. Grade levels were coded 1 = Elementary, 2 = Middle School, 3 = High School, 4 = Alternative School, and 5 = other. Grade levels were first coded by responses given. If a respondent indicated more than one category of grade level, the answer was coded as *other* to represent a combined grade level and a qualitative listing was added to indicate the exact grade levels the respondent was responsible for. Highest degree attained was coded 1 = Bachelor's degree, 2 = Master's degree, 3 = Educational Specialist (Ed.S.), 4 = Ph.D., and 5 = Ed.D. The variable for CACREP accredited program was coded 1 = Yes and 2 = No. Program track was coded 1 = School Counseling, 2 = Mental Health Counseling, 3 = Career Counseling, 4 = Community/Agency Counseling, 5 = Marriage and Family Counseling, 6 = Substance Abuse Counseling, 7 = College Counseling, and 8 = other. Certifications were coded as 1 = State school counselor credential, 2 = National Certified Counselor (NCC), 3 = State Professional Counselors/Licensed Professional Counselor, 4 = Licensed Clinical Social Worker, 5 = School Psychology, and 6 = other. Years as a school

counselor was coded as 1 = first year, 2 = one to three years, 3 = four to 10, 4 = 11 to 15, 5 = 16 to 20, and 6 = more than 20 years. The variables *number of students served*, *number of students served that receive free or reduced lunch*, and *number of hours performing specific job duties* were assigned the number values answered by the respondent. The variable for duty was coded 1 = yes, 2 = no, and 3 = undecided. The variable promotion of wellness on the job was coded as 1 = yes, 2 = no. School wide wellness program was coded 1 = yes, 2 = no. Professional development hours and whether a counselor would attend training was coded as 1 = yes, 2 = no, 3 = maybe, 4 = not interested. Would pursue wellness specialization was coded as 1 = yes, 2 = no, 3 = maybe, 4 = not interested.

Survey variables are those obtained from the total and scale scores on the *School Counselor Wellness Preparedness Survey*. Variables from the survey included each item response coded with the participants' responses. Following are the response choices and coding. The response choices and coding were 0 = not prepared, 1 = less prepared than average, 2 = average preparedness, and 3 = better prepared than average. The six sub-areas were *Education, Assessment, Planning, Follow-Up, Consultation and Collaboration*, and *Diversity*. The *Total Preparedness* variable was a result of the sum of the scores on these six subscales.

Statistical Treatment

All data were entered into a spreadsheet and analyzed using SAS. Measures of central tendency (mean, median, mode, and variability) were used to report the descriptive statistics of the sample. The majority of the research questions were analyzed using analysis of variance, *t*-test, and chi-square test of significance. Cronbach's coefficient alpha (α) was used to calculate internal consistency for the six sub-areas and the total scale of the survey.

Summary

This chapter specified information regarding the methodology and research design of the current study. General research questions were identified. Detailed description of the sampling, procedures, and data collection methods were also described for future replication. The chapter concluded with a description of the statistical treatment of the variables.

CHAPTER FOUR: RESULTS

The following chapter contains three sections. The first section reports the demographic descriptive statistics of the sample. The second section reports results from the five research questions outlined in chapter three. The final section is a brief summary of the findings in this study.

Demographic Descriptive Statistics

The total sample size in this study consisted of 156 ($N = 156$) school counselors from a mid-south state. Of the 156 school counselors, nine (6%) were male and 147 (94%) were female. The school counselors' grade assignments varied from elementary ($n = 61$, 39%), middle school ($n = 32$, 21%), high school ($n = 39$, 25%), and other combined levels ($n = 23$, 15%). One hundred thirty seven participants were Caucasian (88%) and the remaining 12% were non-Caucasian. Table 4.1 shows the demographic characteristics of the participants.

Table 4.1

Demographic Characteristics of Participants

Characteristic	<i>n</i>	%
Sex		
Male	9	6
Female	147	94
Age (years)		
Under 30	3	2
31 to 40	31	20
41 to 50	51	33
Over 50	71	46
Ethnicity		
African American	13	8
Asian	2	1
Caucasian	137	88
Hispanic/Latino	1	1
Native American	3	2

Table 4.1 Continued

Characteristic	<i>n</i>	%
Grade levels serviced by counselors		
Elementary	61	39
Middle school	32	21
High school	39	25
Other	23	15
Highest degree earned		
Bachelor's	2	2
Master's	143	92
Educational Specialist	10	6
Doctor of Philosophy	1	1
Graduated from a CACREP program		
Yes	130	86
No	22	14
Degree program track		
School counseling	137	88
Mental health	2	1
Career counseling	1	1
Community/agency counseling	1	1
Other	15	10
Experience as a school counselor (years)		
First year	7	4
1 to 3	9	6
4 to 10	54	35
11 to 15	27	17
16 to 20	20	13
More than 20	39	25

Note. $N = 156$. Totals of percentages may not sum to 100 because of rounding.

In this study, the *Total Preparedness* scores for all participants were $M = 49.25$, $SD = 24.29$ with a minimum score of zero and a maximum score of 99. The wellness hours reported by participants were $M = 17.16$, $SD = 14.96$. The self-rated preparation scores for counselors in this study were $M = 5.18$, $SD = 2.60$. School counselors also reported whether they use a specific wellness model to guide their work. Of the 156 school counselors who participated, 33 (21%) answered *yes* and 100 (64%) answered *no*. There were different models reported being used for those who answered *yes*. The counselors who answered *no* listed various reasons as to why they did not use a wellness model. When answering in regards to the amount of time they spend on

wellness-based strategies per week, this sample reported an average of 12 hours in direct service to students, 5.3 hours in consultation, 3.5 hours on paperwork, one hour in the area of discipline, one hour in testing, and 14 hours on other tasks per week.

Overall, this study served to explore how prepared school counselors believe themselves to be in implementing wellness strategies in their school counseling programs. Five general research questions were explored. Below are research questions that were analyzed from the survey responses along with the results of the analyses.

Results of Research Questions

Research Question 1: How prepared do school counselors believe themselves to be in the area of wellness?

Part one of this question examined whether there are differences in total preparedness of school counselors based on years of experience. Results were analyzed using a one-way analysis of variance (ANOVA), between-subjects design. This test measures whether there are differences between two or more groups with one independent variable. This analysis failed to reveal a significant effect for number of years experience, $F(5, 150) = 1.68, p = .14, R^2 = 0.05$. The sample means are displayed in Table 4.2. Table 4.4 shows an ANOVA summary for number of years of experience.

Table 4.2

Means and Standard Deviations for Years of Experience on Total Preparedness in Wellness

<i>Years Experience</i>	<i>n</i>	<i>M</i>	<i>SD</i>
First Year	7	39.85	23.78
1 to 3 Years	9	64.22	19.36

Table 4.2 Continued

<i>Years Experience</i>	<i>n</i>	<i>M</i>	<i>SD</i>
4 to 10 Years	54	48.17	26.00
11 to 15 Years	27	44.19	19.64
16 to 20 Years	20	44.90	25.78
Over 20 Years	39	54.90	25.45

Note. $N = 156$

Table 4.3

ANOVA Summary Table for Investigating the Relationship Between Years Experience and Total Preparedness

Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>R</i> ²
Between Groups	5	5013.06	1002.61	1.68	.1427	.05
Within Groups	150	89505.38	596.70			
Total	155	94518.43				

Note. $N = 156$

Part two of this question examined whether there were differences in preparedness between counselors who graduated from CACREP programs and counselors graduated from non-CACREP accredited programs. Results were analyzed using a one-way analysis of variance, between-subjects design. This analysis failed to reveal a significant effect for program attendance, $F(1, 150) = 0.30, p = .5860, R^2 = .0002$. The sample means are displayed in Table 4.4. Table 4.5 shows an ANOVA summary for program attendance.

Table 4.4

Means and Standard Deviations for Graduate Program Attendance and Total Preparedness

<i>Program Attendance</i>	<i>n</i>	<i>M</i>	<i>SD</i>
CACREP			
Yes	130	50.45	25.04
No	22	47.36	21.28

Note. $N = 152$

Table 4.5

ANOVA Summary Table for Investigating the Relationship Between Graduating From CACREP Accredited Program and Total Preparedness

<i>Source</i>	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>R²</i>
Between Groups	1	179.68	179.67	0.30	.5860	.0002
Within Groups	150	90443.31	602.96			
Total	151	90622.99				

Note. $N = 152$

Part three examined differences between the numbers of wellness-based hours the counselors reported. This question was analyzed using a one-way ANOVA, between-subjects design. This analysis revealed a significant effect for numbers of wellness-based hours, $F(5, 125) = 3.92$; $p < .05$, $R^2 = .14$. The sample means are displayed in Table 4.6. Table 4.7 shows an ANOVA summary for wellness hours. A trend analysis was conducted to help determine the shape of the function and find the simplest function that describes the change in wellness hours and total preparedness in this sample of school counselors (Keppel, 1973). A post-hoc trend analysis showed a linear trend for wellness-based hours and total preparedness, $F = 10.97$, $p < .05$. The results of the scores in this linear trend shows that as the number of wellness-based hours increased the total preparedness scores also increased for this sample of school counselors. Results of the post-hoc trend analysis are shown in Table 4.8.

Table 4.6

Means and Standard Deviations for Wellness-Based Hours and Total Preparedness

<i>Number of Wellness Hours</i>	<i>n</i>	<i>M</i>	<i>SD</i>
Zero Hours	14	39.43	30.25
1 to 10 Hours	45	43.51	25.42
11 to 20 Hours	25	40.40	22.32
21 to 30 Hours	19	64.00	24.58
31 to 40 Hours	16	55.31	22.15
41 to 50 Hours	12	62.75	18.70

Note. $N = 131$

Table 4.7

ANOVA Table Summary for Investigating Differences Between Wellness-Based Hours Reported and Total Wellness Preparedness

<i>Source</i>	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>R²</i>
Between Groups	5	11653.18	2330.63	3.92	.0025	.14
Within Groups	125	74364.36	594.91			
Total	130	86017.54				

Note. $N = 131$

Table 4.8

Trend Analysis for Wellness-Based Hours and Total Preparedness

<i>Source</i>	<i>df</i>	<i>Contrast SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Linear	1	6527.98	6527.98	10.97	.0012
Quadratic	1	5.63	5.63	0.01	.9227
Cubic	1	383.95	383.95	0.65	.4233
Quartic	1	163.44	163.44	0.27	.6011

Note. $N = 131$

Research Question 2: To what extent are school counselors implementing wellness strategies in their counseling programs?

Part one of this question examined whether the number of wellness hours differ by grade level. Results were analyzed using a one-way analysis of variance, between-subjects design. This analysis failed to reveal a significant effect for grade level, $F(3, 127) = .80, p = .4945, R^2 = 0.02$. There were no differences between the numbers of wellness hours that counselors reported. Elementary school counselors reported an average of 19.02 hours, middle school counselors reported an average of 18.32 hours, high school counselors reported an average of 14.26 hours, and other/combined counselors reported an average of 15.38 hours. High school counselors reported the least number of wellness-related hours and elementary school counselors reported the greatest number of wellness-related hours. Table 4.9. shows the means and standard deviations of participants' wellness hours reported by grade level. Table 4.10 shows an ANOVA summary for grade level and wellness hours.

Table 4.9

Means and Standard Deviations for Wellness-Based Hours by Grade Level

<i>Grade Level</i>	<i>n</i>	<i>M</i>	<i>SD</i>
Elementary	51	19.02	15.86
Middle	28	18.32	15.28
High	31	14.26	14.79
Other/Combined	21	15.38	12.46

Note. $N = 131$

Table 4.10

ANOVA Table Summary for Investigating the Relationship Between Grade Level and Time Spent Implementing Wellness Strategies

<i>Source</i>	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>R</i> ²
Between Groups	3	541.66	180.55	.80	.4945	.02
Within Groups	127	28561.98	224.90			
Total	130	29103.64				

Note. *N* = 131

Part two of this question examined whether these hours differed by years of experience. Results were analyzed using a one-way ANOVA, between-subjects design. This analysis failed to reveal a significant effect for years experience, $F(5, 125) = 2.14, p = .65, R^2 = 0.078$. There were no differences between the numbers of wellness hours that counselors reported. Counselors with less than three years experience reported an average of 18.57 hours, counselors with four to 10 years of experience reported an average of 20.02 hours, counselors with 11 to 15 years of experience reported an average of 15.17 hours, counselors with 16 to 20 years of experience reported an average of 11.93 hours, and counselors with over 20 years of experience reported an average of 16 hours. Counselors with 16 to 20 years of experience reported the least number of wellness hours and counselors with four to 10 years reported the greatest number of wellness-related hours. The sample means and standard deviations are displayed in Table 4.11. Table 4.12 shows an ANOVA summary for years of experience and wellness hours.

Table 4.11

Means and Standard Deviations for Wellness-Based Hours by Years of Experience

<i>Years of Experience</i>	<i>n</i>	<i>M</i>	<i>SD</i>
< 3 years	14	18.57	14.64
Four to 10	49	20.02	16.22
11 to 15	24	15.17	12.06
16 to 20	15	11.93	15.07
Over 20	29	16.00	14.85

Note. $N = 131$

Table 4.12

ANOVA Summary Table for Investigating the Relationship Between Years Experience and Hours Implementing Wellness Strategies

<i>Source</i>	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>R²</i>
Between Groups	5	2294.10	458.82	2.14	.065	.08
Within Groups	125	26809.53	214.47			
Total	130	29103.63				

Note. $N = 131$

Research Question 3: Do school counselors who graduated from a CACREP accredited program rate themselves differently in wellness preparedness than school counselors who graduated from non-CACREP accredited programs?

An independent samples t test was used to examine whether there were differences in the self-rated scores for the two groups of counselors. This analysis revealed that there was no difference in self-rated preparedness for counselors who graduated from CACREP versus those who graduated from non-CACREP accredited programs, $t(129) = -0.84$, $p = .4005$. The sample means were $M = 5.15$, $SD = 2.56$ for CACREP graduates and $M = 5.67$, $SD = 2.59$ for non-

CACREP graduates. The effect size was $d = .20$. Effect size measures the degree to which the two sample means differ from one another stated in terms of standard deviation units (O'Rourke, Hatcher, & Stepanski, 2005). According to Cohen (1969), the effect size for this analysis is considered a small effect, with slightly lower self-ratings for CACREP graduates.

Question 4: Do school counselors differ in their self-rated sense of wellness preparedness based on years of experience?

Results were analyzed using a one-way ANOVA, between-subjects design. This analysis failed to reveal a significant effect for years experience, $F(5, 128) = 1.14, p = .34, R^2 = 0.04$. First year counselors rated themselves lower than all other counselors and counselors with one to three years of experience self-rated themselves higher than all other counselors. The sample means are displayed in Table 4.13. Table 4.14 shows an ANOVA summary for years experience and self-rated preparedness.

Table 4.13

Means and Standard Deviations for Self-Rated Preparedness by Years of Experience

<i>Years of Experience</i>	<i>n</i>	<i>M</i>	<i>SD</i>
First Year	7	3.42	2.82
One to three	9	5.78	2.64
Four to 10	45	5.33	2.48
11 – 15	21	4.52	2.31
16 – 20	17	5.47	2.76
> 20	35	5.43	2.77

Note. $N = 134$

Table 4.14

ANOVA Summary Table for Investigating the Relationship Between Years Experience and Self-Rated Sense of Preparedness Implementing Wellness Strategies

<i>Source</i>	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>R²</i>
Between Groups	5	38.39	7.678	1.14	.34	.04
Within Groups	128	863.31	6.74			
Total	133	901.70				

Note. $N = 134$

Research question 5: Do school counselors perceive themselves as having a role in promoting wellness?

Part one of this research question examined the association between grade level and whether school counselors perceived themselves as having a role in promoting wellness. Results for elementary school counselors compared to other school counselors were analyzed using Fisher's exact test (Hatcher, 2003). Fisher's exact test computes whether there is a significant difference between two variables of a dichotomous or limited-value. It is used instead of a chi-square test of independence (Hatcher, 2003) when the expected value of any cell is less than five. This analysis revealed a nonsignificant relationship between grade level and perception of having a role in promoting wellness in schools, $N = 156$, $p = 0.1959$. Results for middle school counselors compared to other school counselors were analyzed using Fisher's exact test. This analysis revealed a nonsignificant relationship between grade level and perception of having a role in promoting wellness, $N = 156$, $p = 0.5271$.

Results for high school counselors compared to other school counselors were analyzed using a chi-square test of independence. A chi-square test of independence measures the difference between two dichotomous or limited-value variables. This analysis revealed a

significant relationship between grade level and perception of having a role in promoting wellness, $\chi^2 (1, N = 156) = 11.64, p = .0006$. The phi coefficient (ϕ) was used to measure the strength of the relationship between the two variables. For this analysis, the phi coefficient was computed as $\phi = 0.2732$. Seventy-four percent of high school counselors in this study perceived themselves as having a role in promoting wellness and 94% of the remaining counselors perceived themselves as having a role in promoting wellness. Less high school counselors believed it was their duty to promote wellness than other school counselors. Table 4.15 shows the chi square summary of school counselors' perceptions by grade level.

Results for mixed-grade level counselors compared to elementary, middle, and high school counselors combined as a group were analyzed using Fisher's exact test. This analysis revealed a nonsignificant relationship between grade level and perception of having a role in promoting wellness, $N = 156, p = 0.1885$. Table 4.16 shows the perceptions of school counselors by grade level.

Table 4.15

School Counselors' Perceptions of Having a Role in Promoting Wellness by Grade Level

<i>Grade Level</i>	<i>Yes</i>		<i>No/Undecided</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Elementary	57	93	4	7
Middle	30	94	2	6
High	29	74	10	26
Other	22	96	1	4

Note. $N = 156$

Part two of this research question examined the association between number of years experience as a school counselor and whether school counselors perceived themselves as having

a role in promoting wellness. Results for first year counselors compared to other school counselors were analyzed using a chi-square test of independence. This analysis revealed a nonsignificant relationship between years of experience and perception of having a role in promoting wellness, $\chi^2 (1, N = 156) = 0.8963, p = .3438$. For this analysis, the phi coefficient was computed as $\phi = .34$. Results for counselors with one to three years of experience compared to other school counselors were analyzed using Fisher's exact test. This analysis revealed a nonsignificant relationship between years experience and perception of having a role in promoting wellness in schools, $N = 156, p = 1.000$.

Results for school counselors with four to 10 years experience compared to other school counselor were analyzed using a chi-square test of independence. This analysis revealed a nonsignificant relationship between years experience and perception of having a role in promoting wellness, $\chi^2 (1, N = 156) = 0.3629, p = 0.5469$. The phi coefficient (ϕ) was used to measure the strength of the relationship between the two variables. For this analysis, the phi coefficient was computed as $\phi = 0.0482$.

Results for counselors with 11 to 15 years experience compared to other school counselors were analyzed using Fisher's exact test. This analysis revealed a nonsignificant relationship between years experience and perception of having a role in promoting wellness in schools, $N = 156, p = 0.738$. Results for counselors with 16 to 20 years experience compared to other school counselors were analyzed using Fisher's exact test. This analysis revealed a nonsignificant relationship between years experience and perception of having a role in promoting wellness in schools, $N = 156, p = 0.4600$.

Results for counselors with over 20 years of experience compared to other school counselors were analyzed using a chi-square test of independence. This analysis revealed a nonsignificant relationship between years of experience and perception of having a role in

promoting wellness, $\chi^2 (1, N = 156) = 0.220, p = .88$. The phi coefficient (ϕ) was used to measure the strength of the relationship between the two variables. For this analysis, the phi coefficient was computed as $\phi = .01$.

Table 4.16

School Counselors' Perceptions of Having a Role in Promoting Wellness by Years of Experience

Years of Experience	Yes		No/Undecided	
	<i>n</i>	%	<i>n</i>	%
First Year	7	100	0	0.00
One to Three Years	8	89	1	11
Four – 10 Years	47	87	7	13
11 – 15 Years	25	93	2	7
16 – 20 Years	17	85	3	15
> 20 Years	35	90	4	10

Note. *N* = 156

Summary

The purpose of this study was to determine to what extent school counselors work with and feel prepared to implement wellness strategies in their counseling programs. This chapter reported results of the *School Counselor Wellness Preparedness Survey* from respondents in a mid-south state. This study did not find differences in preparedness based on years of experience and graduation from a CACREP Accredited program. The study did find a statistically significant difference in number of hours providing wellness based counseling strategies and perceptions of preparedness. A post-hoc analysis revealed a positive linear trend for these hours and preparedness scores. This study found that school counselors are providing what they believe to be wellness-based counseling strategies but that those hours did not differ significantly by

grade level or years of experience. This study also found that school counselors did not personally rate themselves differently in their feeling of preparation based on graduation from CACREP Accredited program. The results of this study also found that school counselors did not personally rate themselves differently in their feeling of preparation based on their years of experience. Additionally, this study did find an association between grade level and whether school counselors perceived themselves as having a role in promoting wellness when comparing high school counselors to other counselors. Less high school counselors believed it was their duty to promote wellness than other school counselors. The study did not find an association for the other grade levels nor did results reveal a significant association for years of experience. A discussion of the results and implications of the study follow.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND IMPLICATIONS

The following chapter provides a brief summary and overview of the study in general as well as a review of the research questions. Each research question in the study is further discussed and then implications for the results generated are presented. The chapter concludes with a discussion of ideas for future research as well as a final summary of the overall study.

Summary of the Study

The current study consisted of a survey of school counselors to determine how prepared they perceive themselves to be in implementing wellness strategies in their school counseling programs. A survey was developed to collect this information. Statistical analyses were also run to determine their levels of preparation, current implementation of wellness-based strategies, and their perception of whether they play a role in promoting wellness based on self-reported data.

Statement of the Problem

Wellness in professional school counseling is in the beginning stages of study and practice. Wellness policies have been adopted in schools nationwide, which present additional opportunities for school counselors to impact student achievement and well-being. No information is known about how prepared school counselors perceive themselves to be in implementing wellness programs and strategies. This study focuses on surveying school counselors in a mid-south state to find out how prepared they perceived themselves to be in implementing wellness-based strategies.

Statement of the Procedures

A survey was developed to collect information about how prepared counselors feel to implement wellness strategies. These survey questions were developed based on research literature and expert opinion. The survey was also piloted with school counselors and counselor educators. One hundred fifty-six ($N = 156$) school counselors voluntarily completed and

participated in this survey research study. Counselors were first contacted at the beginning of November 2011 and the final contact was at the beginning of December 2011. Participating counselors completed surveys in electronic form that included questions regarding demographics, education, training, current program implementation, and assessment of current knowledge and a self-rated indicator on the topic of wellness. After data were gathered and compiled, statistical analyses were run to answer research questions. A summary of the research questions follows.

The Specific Research Questions

The following questions directed this research:

1. How prepared do school counselors believe they are in the area of wellness?
 - Does this differ by:
 - (a) Years of Experience
 - (b) Graduating from programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) versus non-CACREP accredited programs?
2. To what extent are school counselors implementing wellness strategies in their counseling programs?
 - Does this differ by:
 - (a) Grade level
 - (b) Weekly allocation of wellness-based counseling hours
 - (c) Years experience
3. Do school counselors who graduated from a CACREP accredited program rate themselves differently in wellness preparedness than school counselors who graduated from non-CACREP accredited programs?

4. Do school counselors differ in their self-rated sense of wellness preparedness based on years of experience?
5. Do school counselors perceive themselves as having a role in promoting wellness in schools?
 - Specifically:
 - (a) Is there an association between grade level and school counselors' perceptions of their role in promoting wellness?
 - (b) Is there an association between years of experience and school counselors' perceptions of their role in promoting wellness?

Conclusions

Research Question 1: How prepared do school counselors believe they are in the area of wellness?

The first part of research question one examined differences in the total preparedness perceptions of school counselors based on years of experience. It was found that there were no differences in total preparedness scores for this sample of school counselors based on their years of experience. This finding is supported by the fact that wellness is a fairly new area of exploration in the school counseling profession. Although it has been brought to the attention of counselors through research (i.e., Omizo et al., 1992; Street 1994), the 20-year span of research on this topic has not been extensive in nature. Furthermore the school counseling profession continually strives to define roles and focus (Bodenhorn & Skaggs, 2005). This finding is consistent with the scarcity in research, training, evidence-based practice, and clarity in the area of wellness that may guide school counselors' practice. This finding is also consistent with previous studies (Bodenhorn & Skaggs, 2005; Holcomb-McCoy et al., 2008) that found no

significant differences for self-efficacy based on years of experience, other than one having previous teaching experience before becoming a school counselor.

The second part of the question examined whether there were differences in preparedness between counselors who graduated from CACREP-accredited programs compared to non-CACREP program graduates. It was found that there was no significant difference between the scores for either group. This finding is consistent with CACREP standards, as CACREP does not specifically indicate educational standards regarding wellness training in counselor education programs (CACREP, 2009). There are no specific requirements in the current standards established by CACREP that state how counselor educator programs must address wellness in courses. Also, there is not a lot of information available regarding how counselor education programs are preparing counselors in the area of wellness.

Research Question 2: To what extent are school counselors implementing wellness strategies in their counseling programs?

When making comparisons by grade level in the first part of this question, there were no significant differences between the average numbers of hours for any of the groups. Elementary counselors reported an average of 19 hours, middle school counselors reported a mean of 18 hours, high school counselors reported a mean of 14 hours, and school counselors of mixed-grade level reported 15 hours.

The second part of this question asked whether there were differences in preparedness based on the number of hours that counselors spend on implementing wellness-based strategies on a weekly basis. It was found that there was a significant difference in the number of hours. A linear trend analysis showed that as counselors increased time practicing wellness-based counseling and strategies, preparedness scores increased as well. Previous studies have shown

that the use of a particular model to effect change and real life experience has been found to increase self-efficacy (Bandura & Locke, 2003; Holcomb-McCoy et al., 2008).

In looking closer, years of experience accounted for 5% of the variance in total preparedness, program accreditation accounted for 1% of the variance, and number of hours implementing wellness strategies accounted for 14% of the variance in total preparedness. Based on these findings, it is apparent that there are other factors that contribute to preparedness yet to be discovered. One may consider accounting for 14% of the variance in hours implementing wellness strategies a significant finding to begin the exploration and explanation of factors that may contribute to school counselor's preparedness to implement wellness-based strategies. Previous research also shows that real life experiences may contribute to competencies in the school counseling profession (Holcomb-McCoy et al., 2009). One study found that school counselors who used a comprehensive guidance program perceived themselves as having more impact on student achievement and had higher self-efficacy (Bodenhorn, Wolfe, & Osaro, 2010). In the current study, 21% of the counselors reported using a specific model of wellness in their counseling programs.

The third part of this question addressed whether there were differences in wellness-based hours by years of experience. This study found no differences between the amounts of time counselors are spending on wellness-based strategies in their programs. In this study, 64% of counselors reported that they did not use a specific model in their wellness program which may be related to the number of hours that they spend on wellness related activities. Additionally, there are many ways to define wellness and what constitutes wellness strategies which may also have an effect on the time counselors reported.

Research Question 3: Do school counselors who graduated from a CACREP-accredited program rate themselves differently in wellness preparedness than school counselors who graduated from non-CACREP accredited programs?

When comparing data for counselors who graduated from a CACREP-accredited program to counselors who graduated from non-CACREP accredited programs, no differences were found in their self-rated sense of preparedness. The self-rated preparedness scores for CACREP graduates were slightly lower than the self-rated preparedness scores reported by graduates of non-CACREP accredited programs. The small effect size also shows that the difference between the means was one-fifth of a standard deviation. Although CACREP does mention wellness in the most recent standards (CACREP 2009), the standards specifying wellness training are vague. Due CACREP not specifying standards on how wellness is required to be integrated into counselor education curriculum, it is possible that the counselors in this sample lacked training and coursework in their degree programs.

Research Question 4: Do school counselors differ in their self-rated sense of wellness preparedness based on years of experience?

Consistent with prior research and the problem being studied, there were no differences between years of experience among this sample of counselors and how they rated themselves. Years of experience accounted for 4% of the variance in how counselors rated themselves. This appears to be consistent with findings from research question one of the current study related to years of experience and the variance accounted for in preparedness from participants in this sample. It appears that when self-rating versus answering specific survey questions, counselors rate themselves similarly.

Research Question 5: Do school counselors perceive themselves as having a role in promoting wellness?

The majority of school counselors in this sample perceived themselves as having a role in promoting wellness. When further analyzing by grade level, less high school counselors perceived themselves as having a role in promoting wellness compared to the other grade level combined. There are several recommended areas of focus for high school counselors to address with their students that align with the goals of wellness counseling theory (Rayle & Myers, 2004; Villalba & Borders, 2005). It is possible that other grade levels find their work and focus aligns more with wellness goals. High school counselors in this sample also reported the least number of wellness-related work hours. When analyzing by years of experience, there was no significant association between years of experience and perception of having a role in promoting wellness.

Implications

There are several implications for the school counseling profession based on results from this study. One implication for these results is that training standards may be addressed and introduced into counselor education and professional development programs. It is important that counselors receive proper training and education on the topic of wellness and integrating wellness into counseling programs at their school. Although counselors did report using wellness programs to guide their practice, a consistent wellness-based program for school counseling similar to the use of the ASCA National Model or a state adopted program reinforces consistency among program planning and implementation. This consistency also allows for more reliable measurement of results achieved.

A second implication is that including wellness-based strategies in school counseling programs may allow counselors to impact a greater number of students through their work, especially due to a current national student-counselor ratio of 463:1. Previous research shows

that counselors prefer to spend more time on interventions associated with positive results for their students, rather than on nonguidance activities (Scarborough & Culbreth, 2008). School counselors may advocate on a professional level for the addition of wellness-based strategies and programs to allow for a more proactive and preventative approach to working with students. The inclusion of wellness programs and strategies specifically designed for school counselors allow students to benefit and develop in the academic, personal/social, and career domains using a more holistic approach.

Depending on the grade levels of students that counselors work with, specific areas of a student's development are addressed. Counselor educators and school districts may have opportunity to more directly and closely target those areas. The use of wellness-based programs may also provide a more accurate measurement of improvement and attained goals through the use of wellness counseling, goal setting, planning, and assessment.

There are also several implications for self-efficacy and perception of preparedness for school counselors. In regards to training, thorough and current training and understanding of the appropriate interventions and methods of wellness can be developed. Many wellness programs may be beyond the scope of counselor training or address areas that counselors are not properly trained in. It is important that the programs be specifically designed for use by counselors, rather than counselors learning and implementing programs that may not be suitable to the profession. The implications for counselor education training is that counselor educator programs personnel have an opportunity to include more wellness based curriculum using previously mentioned course-specific, infusion, and holistic models of infusion (Witmer & Granello, 2005). Counselor education program and school district personnel may also continue to assist counselors in technical and computer skills to contribute to their respective school's mission and the keep up with the fast-paced nature of information dissemination.

Suggested Further Research

In conducting this study, several additional areas of study were discovered that could serve as future research. There is opportunity to expand the knowledge base on the topic of wellness. The following are some suggested areas of further research that may be of value.

Establishing a clearer understanding and usage of the construct of wellness as it relates to school counseling professionals would be helpful in uniting the profession. This definition may be clarified through qualitative studies, review of literature and other studies, and conducting trainings that expound on the meaning and practice of this aspect of counseling. The self-efficacy of counselors may also be increased by the infusion of wellness counseling into counselor education programs as well the creation of professional development programs for practicing school counselors. Additionally, these trainings would benefit counselors by providing them with age and grade appropriate strategies and help clarify a counselor's role in promoting wellness. Experimental research designs with a pre- and post-test design may also be conducted to measure the effectiveness of such wellness-based counselor training. Additional future research should also focus on determining whether counselors who use a wellness model feel more prepared to implement wellness compared to counselors who do not use a wellness model.

Although the survey used in this study had a coefficient alpha value of .98 with this sample, additional studies may be conducted to establish internal consistency with other samples of school counselors. School counselor preparedness may vary by populations. Therefore, other statewide, regional, or national surveys of school counselors may also be conducted to explore school counselor preparedness.

Limitations

This study does present some limitations that must be noted in interpreting and generalizing the results. One limitation to this study is the use of a self-report survey. Differences

in the interpretation of the questions for each participant may have also influenced their reporting of survey answers. Another limitation of this study is the convenience sample of participants in one mid-south state. This limits the generalizability of the survey results to other states and other regions where school counselors practice. The use of electronic survey dissemination presents a limitation as some of the responses and response rate for this particular sample could be the result of the technological abilities of each counselor. Additionally, some participants elected not to answer certain questions, which attributed to missing data. Another limitation is the use of a sliding scale to collect information related to the number of hours the participants perform specific school counselor duties. Due to using a sliding scale, some participants chose not to adjust the sliding scale accordingly, which produced answers that were beyond the range for that question. As a result, answers to those questions had to be discarded for those participants. Also there was a slight ceiling and floor effect for some scores on the survey when measuring total preparedness. A few counselors had extremely low or high scores for total wellness preparedness.

Summary

Overall this study showed that among this sample, counselors perceive they have a medium amount of preparedness in implementing wellness-based strategies. There were no differences in total preparedness based on years of experience or grade level. There was an increase in total preparedness as the number of hours that counselors reported implementing wellness-based strategies increased. There were no differences in self-rated preparation between CACREP program graduates compared to non-CACREP program graduates, nor by years of experience. There was an association between high school counselors compared to other grade levels and their perception of having a role in promoting wellness for their students. This study

also had implications for counselor education, professional development and training as well as increasing school counselor self-efficacy in the area of wellness counseling.

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APPENDICES

APPENDIX A HUMAN SUBJECTS APPROVAL

November 7, 2011

MEMORANDUM

TO: Tena Burnett
Kristin Higgins

FROM: Ro Windwalker
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #: 11-10-205

Protocol Title: *Preparedness to Implement Wellness Strategies:
Perceptions of School Counselors*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 11/07/2011 Expiration Date:
11/06/2012

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (<http://vpred.uark.edu/210.php>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 1,200 participants. If you wish to make *any* modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me.

APPENDIX B INFORMED CONSENT

Informed Consent

Title of Study:

Preparedness to Implement Wellness Strategies: Perceptions of School Counselors

Researchers:

Tena Burnett, M.Ed., Doctoral Candidate
University of Arkansas
Counselor Education Program
121 Graduate Education Building
Fayetteville, AR 72701

Compliance Officer:

Ro Windwalker, Compliance Coordinator Institutional Review Board
University of Arkansas
Research Compliance
210 Administration Building
Fayetteville, AR 72701

Purpose of the Research

The purpose of this study is to survey school counselors to determine their knowledge of wellness counseling techniques and strategies as well as to what extent they are using wellness in their counseling programs and daily work with students

Description

You are being asked to participate in a research study of school counselors' perceived preparedness to implement wellness strategies in their school counseling programs. Wellness is defined as "a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving" (Myers, Sweeney, & Witmer, 2000, p. 252).

This study is being conducted by a doctoral candidate, Tena Burnett, M.Ed., under the faculty supervision of Kristin Higgins, Ph.D., at the University of Arkansas, Fayetteville.

You will be asked to complete an online survey. The survey should take less than 15 minutes to complete. Questions will include details about your school demographics, your educational background and training, and your perceived perception of your knowledge and preparedness to implement wellness strategies in your school counseling program.

Risks and Benefits

There are no risks associated with participating in this study. Potential benefits to participants include helping researchers learn more about what school counselors may know about implementing wellness strategies and perceived ability to carry out wellness-based programs.

Voluntary Participation

Your participation in this study is completely voluntary. There will no penalty to you if you decide not to complete the survey.

Right to Withdraw

You are free to decide to withdraw from the study at any time before completing the survey. There will be no penalty should you decide not to complete the survey.

Confidentiality

All information will be kept confidential to the extent allowed by law and University policy. No personally identifiable information will be associated with your responses. The results will be kept on a computer that is password protected and will only be accessed by the principal investigators of the study.

Compensation

There is no compensation associated with participation in this study.

Contact Information

If you have any questions about this research study you may contact:

Implied Consent

I have read the description and understand potential risks and benefits involved. I understand that my participation is completely voluntary and that I may decide not to complete the survey. The act of you completing and submitting the completed survey implies your consent to participate in this research study.

APPENDIX C SURVEY

School Counselor Wellness Preparedness Survey

Demographic Information

Gender:

Male Female

What is your age group?

Under 30
31 to 40
41 to 50
51 or older

What is your ethnicity?

African American Asian Caucasian Hispanic/Latino Multi-Racial Asian Native American Other

What grade level do you serve at your school of employment? Please circle all that apply:

Elementary School Middle School High School Alternative School
Specify other: _____

Please indicate the county where your school is located

What is the highest degree that you possess?

Bachelor's Master's Education Specialist (Ed. S.) Ph.D. Ed. D

Was the master's level program that you graduated from CACREP accredited?

Yes No

Which program track did you graduate from?

School Counseling Mental Health Counseling Career Counseling Community/Agency Counseling Marriage and Family Counseling Substance Abuse Counseling College Counseling Other _____

Please indicate any certifications that you currently have:

School Counselor State Credential
National Certified Counselor Certification (NCC)
State Professional Counselor License
Licensed Clinical Social Worker
School Psychology
Specify Other _____

How long have you been a school counselor? (choose one)

First year
1 to 3 years
4 to 10 years

10 to15 years
16 to20 years
More than 20 years

What is the approximate number of students that you are assigned to serve?

What percentage of your students receives free and reduced lunch?

Definition: *Wellness* is defined as “a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving” (Myers, Sweeney, & Witmer, 2000, p. 252).

In your opinion, is it a school counselor’s duty to promote wellness in their students?

Yes No Undecided

Do you engage in wellness promotion as part of your jobs?

Yes No

If yes:

Do you use a specific wellness model to guide your wellness program?

If yes, which one?

If no, why not?

Is there a school-wide wellness program being implemented where you work?

Are you a part of the wellness team at your school?

Please list the number of hours that you spend performing the following duties per week in general

Direct Services (group, classroom guidance, individual, etc)

Consultation (with parents, teachers, administrators, support services, etc)

Paperwork

Discipline

Testing

Other (specify duty and time) _____

Current Implementation

Please list the number of hours that you spend performing the following duties per week that are wellness centered

Group counseling

Individual counseling

Classroom Guidance lessons

Collaboration and Consultation (with parents, teachers, administrators, support services, etc)

Peer program facilitation

Other (specify duty and time) _____

To what extent do you feel prepared to implement wellness counseling as part of your school counseling program?

Not at all 0 1 2 3 4 5 6 7 8 9 10 very prepared

Education and Professional Development

List the number of wellness-centered courses you successfully completed in your educational program(s):

Bachelors__ Masters__ Educational Specialist__ Second Masters__ Doctoral__
Post Doctoral__

Please list the number of professional development sessions you have completed on the topic of wellness in the last two years (examples include workshops or conference sessions).

If workshops, trainings, or conferences were offered on the topic of wellness, would you attend?

Yes No Maybe Not interested

If wellness were offered as an area of specialization or certification in school counseling, would you choose to pursue this option?

Yes No Maybe Not interested

School Counselor Wellness Preparedness Survey

Preparedness for Wellness Counseling Delivery

Area or strategy	Not Prepared	Less Prepared than average	Average Preparedness	Better prepared than average
Ability to explain the wellness model in developmentally appropriate terms				
Ability to provide examples of wellness concepts in developmentally appropriate terms				

Area or strategy	Not Prepared	Less Prepared than average	Average Preparedness	Better prepared than average
Can help students have a better understanding of how their personal “issues” affect areas of wellness in a developmentally appropriate manner				
Competent in qualitative techniques of assessment (interviewing)				
Ability to conduct informal assessment of wellness (asking, scaling, etc)				
Competent in the administration, scoring, and interpretation of pencil and paper assessments				
Ability to interpret wellness assessment results with a student in an age appropriate language				
Ability to assist a student in choosing one or more areas of wellness to focus on for change				
Ability to identify developmentally appropriate areas of focus when providing wellness counseling				
Ability to assist student with identifying personal strengths related to wellness plan				
Ability to choose interventions that match the area of concern				
Ability to assist student with constructing a personal wellness plan				
Ability to assist student with assessing limitations related to wellness areas of targeted change				
When writing a wellness plan, I understand how to formulate objectives for change				
When writing a wellness plan, I know of methods/ interventions to use to effect change				
Awareness of outside resources to include in the plan				

Area or strategy	Not Prepared	Less Prepared than average	Average Preparedness	Better prepared than average
Ability to assist clients in developing a timeline for evaluation of change				
Ability to assist clients in identifying markers of change				
Ability to evaluate the effectiveness of a wellness intervention				
Awareness of how the state of wellness changes over time				
Partner with other school personnel to incorporate wellness concepts in other areas of study				
Provide training to other school personnel on wellness basics				
Identify specific community wellness experts to assist when needed				
Awareness of how one's ethnicity influences wellness				
Understand the dynamics of cultural background on wellness				
Understand the relationship between kinship (family) dynamics and wellness				
Understand the relationship between spirituality and wellness				
Understanding of how wellness varies across cultures				
Understanding of how wellness varies across gender roles				
Understanding of issues that may influence wellness for individuals with disabilities				
Understanding of how to adapt wellness interventions for individuals who have a disability				
Understanding of how one's wellness may be impacted by their religious beliefs				
Ability to conduct appropriate research to determine how special issues may affect a student's level of wellness				

APPENDIX D ELECTRONIC CONTACT CORRESPONDENCE

E-mail Letter of Introduction/Pre-contact/Invitation to Participate

My name is Tena Burnett and I am doctoral student at the University of Arkansas. I am conducting my dissertation study, under the supervision of my dissertation advisor Dr. Kristin Higgins, on the perceived preparedness of school counselors to implement wellness strategies. To do this, I am asking school counselors like you to complete an online survey about how prepared you feel to implement wellness strategies in your school counseling program. This study has been approved by the University of Arkansas Institutional Review Board, # 11-10-205.

Your responses to this survey are very important and will be helpful in advancing the profession of school counseling in the areas of training and educational needs.

This will be a short survey and should take no more than 15 minutes to complete. I will be emailing a link to the survey on Thursday, November 3, 2011.

Your participation in this survey is entirely voluntary. All information will be kept confidential to the extent allowed by law and University policy. No personally identifiable information will be associated with your responses. Should you have any further questions or comments, please feel free to contact me by email at xxxx@uark.edu or telephone (XXX) XXX-XXXX, or Dr. Kristin Higgins by email at xxxx@uark.edu or telephone at (XXX) XXX-XXXX.

Thank you for your time and consideration.

Tena Burnett
Ph.D. Candidate
University of Arkansas

E-mail Letter to Participate With Link to Survey

My name is Tena Burnett and I am doctoral student at the University of Arkansas. I am writing to ask for your participation in an online survey that I am conducting on the knowledge and perceived preparedness of school counselors to implement wellness strategies. To do this, I am asking school counselors like you to complete an online survey about how prepared you feel to implement wellness strategies in your school counseling program.

Your responses to this survey are very important and will be helpful in advancing the profession of school counseling in the areas of training and educational needs.

This is a short survey and should take no more than 15 minutes to complete. Please click on the link below to go to the survey website (or copy and paste the survey link into your Internet browser). Survey link: _____

Your participation in this survey is entirely voluntary. All information will be kept confidential to the extent allowed by law and University policy. No personally identifiable information will be associated with your responses. Should you have any further questions or comments, please feel free to contact me by email at xxxx@uark.edu or telephone (XXX) XXX-XXXX, or Dr. Kristin Higgins by email at xxxx@uark.edu or telephone at (XXX) XXX-XXXX.

I appreciate your time in completing the survey. Thank you for participating in this study. It is only through school counselors like you that we can provide information that can advance the profession and student achievement.

Many thanks,

Tena Burnett
Ph.D. Candidate
University of Arkansas

E-mail Letter to Nonrespondents

This time of the school year is very busy for counselors and I understand how valuable your time is. I am hoping that you may be able to give about 15 minutes of your time to help collect important information for the school counseling profession by completing a short survey. If you have already completed the survey, I really appreciate your participation. If you have not yet responded, I would like to urge you to complete the survey. I plan to close the survey next week, so I wanted to email everyone who has not responded to make sure you had a chance to participate.

Please click on the link below to go to the survey (or copy and paste the survey link into your Internet browser). Survey link: _____

Thank you in advance for completing the survey. Your responses are very important. It is only through school counselors like you that we can provide information that can advance the profession and student achievement.

Sincerely,

Tena Burnett
Ph.D. Candidate
University of Arkansas