SACES Research & Practice Grant Final Report 2017-2018

Title of Funded Project: Counselor Educators Wellness Levels Impact On How They Promote Wellness

Rationale of the funded project

Counselor educators (CEs) play an integral role in supporting wellness development for CITs, but little research exists exploring counselor educators' general wellness, mindfulness, and how the wellness levels of counselor educators impact how they promote wellness in CITs (Myers et al., 2016; Wester et al., 2009). Counselor educators (CE) must work to educate students on wellness and overall well-being through promoting self-care strategies and understanding risk factors for impairment to evaluate and promote personal growth for CITs (CACREP, 2016). Wellness is important to counselor development, as counselors who are well work more efficiently, attend to clients' wellness, and enhance the therapeutic relationship (Lambert & Lawson, 2011).

The purpose of this study is to explore the relationship between levels of wellness, levels of mindfulness, and how wellness is taught by counselor educators (CEs). Specifically, this quantitative study will focus on wellness and mindfulness practices in CEs and how this impacts promotion of CITs' wellness in counselor training programs. The effects of self-care and wellness promotion as constructs will be grounded in Wellness Theory, which outlines wellness choices based on five general factors: (a) creative self, (b) coping self, (c) social self, (d) essential self, and (e) physical self that influence overall wellness (Hattie et al., 2004; Myers & Sweeney, 2005).

The specific research questions guiding this study are:

1. What are the average levels of wellness, mindful present moment wellness, wellness promotion behaviors, and demographic variables (gender, ethnicity, and CACREP-Accreditation) in CEs?
2. What strategies do CEs use to promote wellness behaviors?
3. What is the relationship between level of wellness, mindful present moment awareness, and wellness promotion behaviors in CITs?
4. Do level of personal wellness, mindful present moment awareness, and demographic variables (gender, CACREP-accreditation) predict level of wellness promotion behaviors in CEs?

Methodology of the project funded

In summary, the study is a quantitative study to identify how CEs promote wellness by measuring wellness behaviors (WPS) and the relationships and predictability of CE's wellness levels (5F-WEL), mindfulness levels (MAAS), and wellness promotion behaviors (WPS).

<u>Research Questions and Hypothesis</u>

1. What are the average levels of wellness, mindful present moment wellness, wellness promotion behaviors, and demographic variables (gender, ethnicity, and CACREP-Accreditation) in CEs?

H11: Based on past research, the researcher hypothesizes that CEs will have higher scores on wellness (5-FWEL) and mindfulness (MAAS) as compared to the general population. Also, based on previous work with the 5F-WEL, wellness promotion behaviors (WPS) will show lower levels in the essential self questions specifically based in spirituality. The 5F-WEL and the

MAAS have normative data for the population which will be used in the analysis. The researcher also hypothesizes that demographic variables will correlate with the other constructs.

2. What strategies do CEs use to promote wellness in their students?

H12: The researcher hypothesizes that CEs will use more wellness promotion behaviors categorized in the creative self as it can be easily infused into coursework (Yager & Tovar-Blank, 2007; Wolf et al., 2012).

3. What are the relationships between level of wellness, mindful present moment awareness, and wellness promotion behaviors?

H13: The researcher hypothesizes that higher levels of wellness (5F-WEL) and mindful present moment awareness (MAAS) will positively correlate with higher wellness promotion behaviors (WPS).

4. Do levels of personal wellness, mindful present moment awareness, and demographic variables (gender, CACREP-accreditation) predict level of wellness promotion in CITs?

H14: The researcher hypothesizes that higher levels of wellness (5F-WEL) and mindful present moment awareness (MAAS) will be predictive of higher wellness promotion behaviors (WPS). The researcher also hypothesizes that gender and CACREP-accreditation will be significant factors in predicting levels of wellness promotion.

Participants

Participants for the study included 118 Counselor Educators (CEs), specifically those with degrees in Counselor Education. Participants working as CEs in both CACREP and non-CACREP accredited programs will be invited to participate. Programs may be seeking accreditation, or non-accredited based on factors of timing, standards, and program goals; however, if their program is teaching mental health counseling, school counseling, marriage and family counseling, rehabilitation counseling, community counseling, and/or professional counseling and/or abiding by the ACA code of ethics, they were considered as acceptable participants for the study. CEs in these environments are necessary to answer the research questions as they are connected to CIT development. Participants need to have at least one year of faculty experience working at a University; specific length of work experience as faculty will be gathered in demographic data. Exclusion and inclusion criteria included: Counselor Educators or those working in counseling programs (specifically, mental health counseling, school counseling, marriage and family counseling, rehabilitation counseling, community counseling, and/or professional counseling and/or abiding by the ACA code of ethics) with one year of experience. Therefore, the participant must have a PhD or EdDs in Counselor Education (or closely related field) and must teach in the above approved counseling programs. The only exclusion criteria will be participants that do not train future counselors and/or have less than one year of teaching experience.

Instrumentation

This study used three inventories in addition to demographic questions. After participants accept the informed consent on the first page of the survey, they saw a screening question asking how long they have worked as a Counselor Educator. The next section will be the Five Factor Wellness Inventory (5F-WEL), followed by the Mindful Attention Awareness Scale (MAAS), then Wellness Promotion Survey (WPS), and followed by brief demographic questions. The 5F-WEL is most effective when put first in a battery of surveys (Myers & Sweeney, 2014). The WPS was researched, created, and piloted by the researcher.

Procedure

This study is a quantitative correlational study. All data was collected through Qualtrics, an online survey software system available through the University of Tennessee Knoxville. Survey distribution began after IRB approval and approval of the wellness promotion survey pilot

survey. The survey includes informed consent, 5F-WEL, MAAS, the wellness promotion survey, and demographic information.

Participants were invited to take the surveys through e-mail, CESNET-L (a professional counseling listserv), NFIN-L (a new faculty listserv), the Chi Sigma Iota International Honors Society listserv, the regional ACES listservs, and word of mouth recruitment. The initial recruitment statement (Appendix K) will included a description of the following: inclusion criteria, description of the study, rationale for the study, anticipated time requirement, summary of incentives, a link to an online consent form and questionnaire, and contact information for myself and my dissertation chair. In addition, all participants can choose to enter a drawing. There were two rounds of drawings in which participants can win a wellness workbook or a mindfulness workbook. The informed consent (Appendix L) was obtained from the participants after they click the “I agree, and I want to participate in a drawing” button. After participants agreed to the informed consent they were be directed to the survey questions. Those that choose “I do not agree and want to participate in the drawing” or “I do not agree and do not want to participate in the drawing” were directed to a page that states, “Thank you for considering taking the survey” (Appendix M). Participants who did not agree to participate but want to be entered into the drawing were be directed to a page that asks for their email and thanks them for considering taking the survey. Only those that agree were able to take the survey questions.

After the informed consent (Appendix L), there was a screening question as participants need to have at least one full year of faculty experience: “Have you worked as a counselor educator for at least one year?” Participants were expected to spend at least 30-45 minutes completing the surveys. Participants had the option to skip any question they choose. Upon completion of the survey, participants were directed to a thank you page (Appendix N) and had the option to type in their email address and be entered into a drawing for a wellness or mindfulness workbook. All contact information will be kept on a separate database from survey scores.

Qualtrics is a secure site to gather and store data anonymously. Qualtrics provided anonymity by assigning each participant a user code instead of using identifying information. The Qualtrics site is password protected using the researcher’s UTK net-id and password; therefore, the researcher and the faculty dissertation chair will be the only researchers with access to the data. After data is collected, the survey was be closed, and the researcher conducted statistical analysis. The researcher downloaded the data in a .CSV Excel file and immediately transferred it to a password-protected SPSS database for analysis. Email addresses for the drawing were be randomly selected twice for two drawing winners; all email address were downloaded into a password protected computer, and deleted after receiving word from drawing winners of acceptance of the prize. Should a drawing winner not accept the price another drawing will be done after prizes are distributed all email addresses will be erased from Qualtrics and the computer.

The initial email request was sent in February. Two weeks after the initial email request for participants was sent, a second e-mail, which was the same e-mail invitation as the original, was posted as a reminder to potential participants. One final email request was sent after three weeks after. The only change to the email was the title of the email (2nd request, 3rd request). In the two and a half month period of data collection the researcher sent out 400+ emails a week to individual programs and faculty in approved programs to increase numbers, and encouraged others to share with eligible faculty participants. Within two and a half months 145 participants had attempted the surveys, 125 participants had completed the surveys, with 118 completed surveys and demographic information.

Analyses and Results

Participant sample:

The surveys used in this study was shared through counseling listservs (CESNET-L (a professional counseling listserv), NFIN-L (a new faculty list serve), the regional ACES listservs. the ACA listserv) and email directly to CEs as well as national and state level counseling associations. Every state that was affiliated with any branches of ACA and ACES was targeted to ensure inclusion of a broad range of participants with varying teaching experiences. Both CACREP and non-CACREP accredited universities were targeted to get a broad range of information from those training future counselors.

The total number of eligible participant who fully competed the survey was 118. Ages of participants ranges from 27-72 years old with an average of 48 year old. Of the 118 participants 74.6% identified as women, 24.6% identified as men, and one participant marked prefer not to answer. The predominate race/ethnicity of participants was Caucasian at 78.6%, followed by African American at 9.3%, Asian American/Pacific Islander at 2.6, Hispanic/Latin at 2.6%, 1 participant was Native American, 1 participant marked both African American and Caucasian and one participant marked Native American and Caucasian. Participants were from mainly CACREP accredited Universities at 76.3%, 12.7% in progress, and 11% not accreditation. 35% of participants had 11 or more years experiences as a counselor educator, 17.8% had 1-2, 17.8% 3-4, 13.6% 7-8. 8.5% 5-6, and 6.8% 9-19 years of experience. Almost half of the participants were Assistant professors at 48.3% followed by full professors at 24.6%, then associate at 17.8%, adjuncts at 5.1%, lecturers at 2.5%, one visiting professor, and one emeritus professor. 36.4% of participants were tenured, 26.3% were on track for tenure, 21.2% did to have a tenure system, and 16.1% were no on a tenure track. Participants also answered questions about teaching formats with the majority teaching face-to-face at 66.1%, followed by hybrid classes at 21.2%, and finally online only at 12.7%.

Most participants were from public institutions at 62.7% followed by 37.3% private institutions. Participants where are asked what ACES region they are affiliated with the highest region to participate was the Southern (SACES) region with 45.8%, followed by the North Central (NCACES) region at 19.5%, North Atlantic (NARACES) at 16.1%, Western (WACES) at 4.2% and 4.2% that were not affiliated with an ACES region. Participants also cited multiple areas of specialization: 22 specialized in addiction, nine in career, 29 in clinical mental health, six in clinical rehabilitation, three in college counseling and student affairs, 20 in school counseling, and 14 in Counselor Education and supervision.

The researcher also explored participants' mindfulness practice. Of the participants, 89 (69.5%) actively engaged in mindfulness practice, 25 (19.5%) did not, and 10.9% of participants did not answer. Of the 89 participants that practice mindfulness, 16.4% practiced three times a week, 13.3% practiced once a week, 9.4% practiced more than seven times a week, 8.6% practiced five times a week, 7% practiced twice a week, another 7% practiced seven times a week, and 6.3% practiced four times a week. The 89 participants practiced multiple types of mindfulness practices, the most popular was breathing meditation (22.8%), followed by walking meditation (13%), then thought meditation and body scan (11.7%), open awareness (9.9%), and the final was mindful eating (8.6%).

Analysis used:

Research Question 1

What are the average levels of wellness, mindful present moment wellness, wellness promotion behaviors, and demographic variables (gender, ethnicity, and CACREP-Accreditation) in CEs?

The researcher conducted all descriptive and inferential statistics using SPSS (RQ1), and test each hypothesis in accordance with best practices in statistical procedures (Cohen, Cohen, West, & Aiken, 2013).

Results:

Wellness

The 5F-WEL (Myers et al., 2014) measured CE's wellness levels in five factors of wellness. The 4-point Likert scale ranged from strongly disagree to strongly agree (Myers, 2004; Myers et al., 2014). CEs overall wellness scores averaged 82.4; which is above the norm group which scored around 75.3 (Myers et al., 2014). Results from the 5F-WEL suggested that participants have high levels of wellness in all factors with physical and coping self being the lowest of the five for the 118 participants. The physical and coping self factors had more scores in the 1 and 2 areas. Wellness scores for each factor are calculated by adding the scores on the Likert scale for each factor's questions, dividing by the number of questions, and multiplying by 25 □ equalizing the score to a range between 25-100 (Myers et al., 2014). The closer to 100 the score the higher wellness level in that factor. The creative self has a range of 68 to 97.6 with 82.4 as the average. The coping self has a range of 40 and 76 with an average of 59. The social self has a range of 53 to 100 with an average of 93. Scores for the essential self has a range of 53 to 98 with an average of 81. Finally scores on the 5F-WEL physical factor ranged from 35 to 100 with an average of 74. When examining the overall breakdown of the questions participants showed lower levels of wellness on questions in the coping and physical self factors.

There were no statistically significant differences among participants that identified as a woman or man, in institution, tenure track, teaching format, or mindfulness practices. There was not enough variation in sample to race, CACREP accreditation, or region. However, age had a significant correlation on wellness level; as age increased so did wellness levels (alpha .05). Also, the number of years working as a CE increase so do wellness levels (alpha .01). Ultimately, scores on this survey were indicative of participants showing high levels of wellness which increased with age and experience.

Mindfulness

The Mindful Attention Awareness Scale (MAAS) measures the trait of mindfulness as present moment awareness (Brown & Ryan, 2003). The scores for this scale range from 1-6 (Almost never to Almost Always), with lower scores representing higher levels of Mindfulness. Scores ranged from 1.13 to 4.87, with an average of 2.71. Suggesting that CEs demonstrated a moderately high level of mindfulness. When examining the overall breakdown of the questions participants showed less mindful attention on one question specifically: "I find myself listening to someone with one ear, doing something else at the same time."

There were no statistically significant differences among participants in institution, tenure track, teaching format, or mindfulness practices. There was not enough variation in sample to race, CACREP accreditation, or region. However, age had a significant correlation to mindful present moment awareness; as age increased so did mindfulness (alpha .01). Also, the number of years working as a CE increase so do mindful present moment awareness (alpha .01). Participants that identified as women showed higher mindful present moment awareness. Ultimately, scores on this survey were indicative of participants showing higher mindful present moment awareness which also increased with age and experience.

Wellness Promotion Behaviors

A sample of 118 was used to explore the 27 item WPS with demographic information. The WPS has six subscales that measure coping self, creating self, social self, essential self, physical

self, and classroom incorporation. Higher scores in each subscale demonstrate more use of wellness promotion behaviors in that factor. A perfect score on the WPS on all six factors would be a score of 27; each subscales' sum scores are divided by six to create an overall wellness score. There were no statistically significant differences among participants in institution, tenure track, teaching format, age, years of experience, or mindfulness practices. There was not enough variation in sample to race, CACREP accreditation, or region. Ultimately, scores on this survey were indicative of participants showing average levels of wellness promotion at 19.2 out of 27. The highest score was 25.7, and lowest was 11.3.

Research Question 2

What strategies do CEs use to promote wellness behaviors? The researcher took the initial results of the WPS to report scoring on the five factors measured in the survey. For this question responses to the behavior section of the WPS were evaluated specifically looking at the frequency of behaviors for each of the five subscales. Higher means on each subscale means more wellness promotion behaviors in that subscale.

Results: It was found that the creative factor subscale's alpha level of .735, the coping factor subscale's alpha level was .770, social self was .747, physical self was .827, essential self was .778, and the classroom incorporation factor alpha level was .803. The overall alpha level for the WPS is .808, illustrating a high commonality with the set and dictating a lower sample size required (MacCallum, Widaman, Preacher, and Hong, 2001). In examining initial frequencies for the WPS (table 4.1) participants scored higher on essential self items; specifically, "I actively support my students: - cultural identity," "I actively support my students: - awareness of confidence," and "- awareness of autonomy." There were no statistically significant differences among participants in institution, tenure track, teaching format, age, years of experience, or mindfulness practices. There was not enough variation in sample to race, CACREP accreditation, or region. CEs scored lower on physical self factors, specifically, "I actively encourage my students to: eat a healthy diet" and "engage in regular physical exercise."

Table 4.1

WPS Frequency

Question	Never	Almost Never	Sometimes	Fairly Often	Very Often	Always
Essential I actively support my students: awareness of confidence	0	1	9	14	49	45
Essential In my courses, I actively incorporate: awareness of autonomy	0	1	13	16	33	55
Essential I actively support my students: awareness of autonomy	0	1	10	18	46	43
Essential In my courses, I actively incorporate: cultural identity	0	7	9	19	48	35
Essential In my courses, I actively incorporate: awareness of confidence	0	2	12	16	52	36

Question	Never	Almost Never	Sometimes	Fairly Often	Very Often	Always
Physical I Actively Encourage My Students to: eat a healthy diet	4	17	29	18	34	16
Physical I Actively Encourage My Students to: engage in regular physical exercise	5	15	33	16	32	17
Physical For my students, I actively model: healthy nutrition	2	19	21	32	27	17
Physical For my students, I actively model: healthy fitness practices	9	13	24	27	20	25
Coping I Actively Encourage My Students to: take part in personal counseling	4	2	17	21	30	44
Coping I Actively Encourage My Students to: engage in self-reflection	1	2	2	18	43	52
Coping I actively create space in the classroom for students to: develop meaning in the counseling profession	1	8	16	37	37	56
Coping I actively help students connect: with mentors or advisers	1	1	18	29	36	33
Coping In my courses, I actively incorporate: assignments that help students explore diverse lifestyles	1	6	17	17	43	34
Coping Final Likert Question: I directly relate self-growth to wellness for my students	0	9	16	23	41	29
Creative I Actively Encourage My Students to: seek out comforting objects (pictures, books etc.)	5	28	30	21	20	14
Creative I Actively Encourage My Students to: maintain a healthy sense of humor	5	0	14	15	45	39
Creative I Actively Encourage My Students to: engage in novel experiences	9	11	29	19	30	20
Creative I Actively Encourage My Students to: arrange a comfortable work space	1	28	23	15	29	16

Question	Never	Almost Never	Sometimes	Fairly Often	Very Often	Always
Creative I Actively Encourage My Students to: engage in volunteer activities	4	2	6	22	43	41
Creative I Actively Encourage My Students to: use positive affirmations	4	10	22	32	26	24
Social I Actively Encourage My Students to: nurture personal relationships	1	5	11	18	43	40
Social I Actively Encourage My Students to: examine the quality of relationships	0	10	14	24	41	29
Social I Actively Encourage My Students to: engage in social events to decrease stress	0	18	16	29	39	16
Incorporate (essential self) In my courses, I actively incorporate: assignment to develop wellness in self	3	2	12	25	41	32
Incorporate (creative self) In my courses, I actively incorporate: service learning	8	14	40	22	21	13
Incorporate into Coursework (physical self) In my courses, I actively incorporate: forms of bodily connection into classroom activities (e.g. yoga, mindfulness, dance, progressive muscle relaxation etc.)	12	24	42	14	17	9

Research Question 3

What is the relationship between level of wellness, mindful present moment awareness, and wellness promotion behaviors in CITs? The researcher conducted Pearson correlational matrix. The Pearson correlational matrix was used to assess the strength and direction of relationship between wellness overall scores, wellness factors mindfulness scores, and wellness promotion behaviors factors. The correlational matrix shows correlational coefficients between the variables, with each random variable correlated with each other to find pairs with the highest correlation (Cohen et al., 2013). The researcher conducted a t-test and ANOVAs to describe difference within gender, ethnicity, and years working as a CE.

Results:

Correlational analyses were used to examine the relationships between overall level of wellness, mindful present moment awareness, and overall wellness promotion behaviors (Table 4.5). A normality test was run for all the scales, and a normal distribution was found across all scales and subscales. The correlational matrix shows correlational coefficients between the variables, with each random variable correlated with each other to find pairs with the highest correlation (Cohen et al., 2013). Mindful present moment awareness, was negatively correlated

with wellness promotion behaviors and wellness levels. As wellness promotion behaviors and wellness levels increased scores on the MAAS decreased; illustrating that higher present moment awareness correlates to more wellness promotion behaviors. Wellness promotion behaviors were also positively correlated with wellness levels. As wellness levels increased so did wellness promotion behaviors. However, the five factor subscales of the 5F-WEL also showed individual correlations to overall wellness promotion behaviors (Table 4.6). All variables were significant and positively correlated. As subscale wellness levels increased wellness promotion behaviors also increased.

Breaking done the connections a bit more correlational analysis were also run on each of the 5 factors of wellness subscales and the 6 wellness promotion behavior subscales (Table 4.7). All wellness levels subscales are positively correlated. The coping self subscale of the 5F-WEL is positively correlated to the coping, creative, physical, social, and essential subscales of the WPS; however, it is not correlated to the coursework subscale. The creative self subscale of the 5F-WEL is positively correlated to all of the WPS subscales including the coursework subscale. The physical self subscale of the 5F-WEL is positively correlated to the physical WPS subscale an no other WPS scales. The essential self subscale of the 5F-WEL is positively correlated to both the physical and social self subscales of the WPS. The social self subscale of the 5F-WEL is positively correlated to the coping, essential, and social self subscales of the WPS. Therefore, as scores increase on the creative subscale wellness levels, all wellness promotion subscale behaviors increase. However, mindful present moment awareness is only negatively correlated with physical, essential, and coursework subscales of the WPS (Table 4.8). Illustrating that as participants show more mindful present moment awareness they also do more physical, essential, and coursework related wellness promotion behaviors.

Research Question 4

Do level of personal wellness, mindful present moment awareness, and demographic variables (gender, CACREP-accreditation) predict level of wellness promotion behaviors in CEs? The researcher conducted a multiple regressions to assess if the predictor variables predict the criterion variable. RQ4 requires a multiple regression, since there is no logical basis for considering any variable priority in terms of hypothetical causal structure (Cohen et al., 2013). The factors of the WPS is the criterion variable. In this study, the predictor variables included wellness as measured by the factors of the 5F-WEL and mindfulness as measured by the MAAS. Before completing the data analysis, the researcher examined whether specific assumptions were met—normality, linearity, homoscedasticity and absence of multicollinearity. Normality assumes an equal distribution of scores on each measure.
Summary of the findings:

Results:

Before beginning the multiple regression normality was tested and found across all scales and subscales. The researcher used the WPS overall score, and subscale scores as the criterion variables and the MAAS overall scores and 5F-WEL overall scores and subscale scores as the predictor variables in the multiple regression analysis. A stepwise regression was used to evaluate what outcome variables predicted more wellness promotion behaviors (Table 4.9). At step 1 on the analysis the creative self wellness levels was significantly related to overall WPS scores, WPS, $F(1,249)=27.65$, $p<.001$. The multiple correlation coefficient, which was 2.9, indicated approximately 28% of the variance of the WPS could be accounted for by creative self wellness levels. At step 2 of the analysis, creative self and coping self subscales were entered into the regression equation, and were significantly related to wellness promotion behaviors, WPS, $F(2,286)=16.26$, $p<.001$. The multiple correlation coefficient was 3.02, indicated 16% of the variance of the WPS possibly accounted for by both creative and coping self subscale

scores on the 5F-WEL. Level of interaction did not enter in the question at step 3 of the analysis.

The researcher also used a stepwise multiple regression to evaluate outcome variables predicted more wellness promotion behavior subscales. The creative subscale for the 5F-WEL was significantly related to wellness promotion behaviors that aligned with coping, essential, social, and coursework. However, the coping subscale on the 5F-WEL was significantly related to creative wellness promotion behaviors in CEs. Both physical and essential 5F-WEL subscales were significantly related to physical wellness promotion behaviors.

The results of the analysis conclude that the variables that measure wellness and mindful present moment awareness are significantly correlated with wellness promotion behaviors. Only a few variables predict more wellness promotion behaviors, including creative and coping self wellness levels. Results also suggested that mindful present moment awareness had no relationship or predictive value on wellness promotion behaviors.

Limitations

Limitations for this research include a small sample size. Initial linear multiple regression called for a sample of 150; however, with a moderate effect size (.3) and an alpha of .05 118 is an appropriate size. The sample could be stronger with 150.

All responses are self report and therefore subject to participant biases. Specifically, this study looked specifically at wellness promotion behaviors CEs used, but not the impact on CITs. The sample also has mainly CACREP accredited programs so there could be not distinction made between CACREP and non CAREP accredited wellness promotion behaviors.

Implications for future research

There are recommendations for research to expand the understanding of wellness. The first is a continuation of this project to gain a larger sample for the Wellness Promotion Survey. Merging the WPS with feedback from counselor-in-training will also be helpful to not only outline what CEs are using to support their CITs wellness development, but also what is working. Potentially a pre-test post-test model could be used to explore wellness promotion. Future studies should also explore a longitudinal model to see what wellness promotion behaviors impact future counselor wellness form CITs to practicing counselors.

Implications for Counselor Education and/or Supervision

This study helped to highlight how wellness impacts wellness promotion. Illustrating ways counselor educators promote wellness for counselors in training. Numerous researchers have contributed to the literature about well counselors impacting well clients; however, little is known about CEs wellness and impact on their work. CE wellness is also found to be associated with higher levels of mindful present moment awareness. Therefore CEs could benefit from growing mindful present moment awareness to contributes to overall wellness, which contributes to higher overall wellness promotion behaviors.

CEs are exposing more CITs to wellness promotion behaviors for essential self factors. However, CEs have lower physical self wellness levels and do less wellness promotion behaviors in this section. Counselor Educators can pay specific attention to creative self wellness levels as they closely contribute to many wellness promotion behaviors across subscales and in overall wellness promotion. Counselor Educators can work to engage in wellness activities that engage in intelligence, control, emotion, humor, and work. The coping

self factor of the 5F-wel also contributes to overall wellness promotion behaviors- illustrating the importance of leisure activities, self-worth, stress management, and realistic beliefs of self to the CE's ability to promote wellness.

Plan to Disseminate Findings
I plan to disseminate findings through both conference presentations and publication. I will present the findings at the SACES conference in October 2018 as a poster presentation. I will also send findings as a research paper for publication to the Journal of Counselor Development by May 2019.

This is my dissertation and I will do my final defense June 18, 2018.

Final Budget
1. Mind Garden, Inc. info@mindgarden.com- Remote Online Instrument Use Approval for Remote Online Use With License Purchase $350

2. Mind Garden, Inc. info@mindgarden.com- 5F-WEL Manual $50

Product	Unit price	Quantity	Total price
1. Five Factor Wellness Inventory - Remote Online Survey License - Translation: English (default)	$1.75	200	$350.00
2. MindGarden, Inc 5F-WEL Manual	$50. 00	1	$50.00
		Shipping	$0.00
		Total Tax (student no tax)	$0.00
		Total	**$400.00**

"Counselor Educators Wellness Levels Impact On How They Promote Wellness" has been awarded the requested amount of **$375**

Research Report for posting on www.saces.org
Please attach a Word doc of your final research report, including all components listed above. Final Reports will be posted on SACES website.

Would you be willing to host a SACES webinar related to your research topic?
Yes X

Would you be willing to serve as a mentor to future SACES research grant recipients?
Yes X

Please submit completed reports to miarussi@nova.edu by May 1, 2018