

The Relationship between Psychological Well-Being and Perceived Wellness in Graduate-Level Counseling Students

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Abstract

Research has established that individuals who provide personal therapy to others should have stable personal and professional lives, and possess a keen and accurate perception of wellness. Unfortunately, sometimes students pursuing careers in counseling and psychotherapy have unresolved psychological issues that, if unresolved, could later affect them in their professional lives. However, nowadays few counselor education programs have a systematic way to evaluate and improve wellness in their students. Furthermore, the field lacks research studies addressing the well-being of counselors-in-training, their perception of wellness, and their need for self-care. As a result, this study aimed to examine the relationship between psychological well-being and perceived wellness in a sample ($N = 97$) of graduate students in a CACREP-accredited counseling program at a state university in Pennsylvania. It measured the participants' psychological well-being by the Scales of Psychological Well-Being (SPWB) and their perception of wellness by the Perceived Wellness Survey (PWS). Multiple regression analysis revealed a significant relationship between psychological well-being and perceived wellness of counselors-in-training.

Keywords: Psychology, well-being, students, counseling, psychotherapy, wellness.

Theoretical Framework and Review of Research

Self-esteem, self-fulfillment, and individual needs are of primary importance in the views of person-centered theorists such as Carl Rogers and Abraham Maslow. Person-centered theory has frequently been the foundation for the self exploration of counselors in training for over 50 years.

This theory maintains that a key component of growth is to be truly heard so that the self will come in line with experiences and achieve congruence. The goal for the individual is to become more real. This realness, then, enables the individual to become the best self he or she can be. Rogers (1961) believed that, in becoming a fully functioning person, one experiences greater freedom. Part of counselor development needs to focus on helping students develop personally so that they can truly become fully functioning persons and, thereby, develop into their fully functioning therapeutic selves.

In the early development of person-centered therapy, Carl Rogers (1961) stated that the counselor's personal wellness was critically important to the therapeutic process of helping others. His person-centered theory emphasized an internal source or locus of control, whereby individuals looked to themselves for evaluation and did not rely on others to measure personal standards. Rogers believed that those individuals who strived for congruence and increased self-functioning had been known to lead lives of greater well-being (Sheldon & Kasser, 2001). This is why, according to this theory, counselors should be mindful of their own issues, which might prevent them from realizing their full potential and, thus, becoming fully functioning persons. Interestingly, the tenets of the person-centered theory mirror the six dimensions of psychological well-being, which are personal growth, purpose in life, self-acceptance, autonomy, environmental mastery, and positive relations with others (Ryff, 1989).

The focus of counselor development programs is clearly on teaching advanced psychological skills, but a crucial question remains: Are these intensive skill training programs overlooking the importance of the student's psychological well-being (Hensley, Smith & Thompson, 2003)? In their future therapeutic relationships, these counselors need to be their true, congruent selves. This congruence is not something that can simply be taught because it involves a process that the counselor needs to go through in order to achieve it. For counselors to experience congruence, their personal issues need to be addressed and worked through (Deci & Ryan, 2008). Unaddressed, these issues can potentially cloud the counselor's judgment, create boundary issues, and even affect their therapeutic effectiveness (Bike, Norcross, & Schatz, 2009, Figley, 2002). This

demonstrates the importance of the counselor's being psychologically well. The person-centered theory confirms this importance by focusing on the person's reaching optimal functioning. The person-centered theory grounds the argument that counselors should themselves experience the process that will allow them to become their optimal personal and therapeutic self (Rogers, 1961).

Rogers (1980) explained that the goal of the human experience is to find greater congruence within oneself. Humans are believed to have a tendency to move toward the best in themselves. Rogers maintained that the individual strives to become a fully functioning person. His goal was to bring about greater congruence of the self. The concept of a fully functioning individual with optimal congruence of the self is the fundamental aspect of this research study: the psychological well-being of counselors-in-training. One of a counselor's goals is to bring about optimal functioning in the client; yet, little can be found in the literature to indicate whether the individual who is training to become a counselor has actually reached a similar goal for him- or herself. Therefore, this study seeks to answer the question: How do we, as trainers of future counselors, make sure that the counselors we are training are psychologically well?

Unresolved Psychological Issues

Research has demonstrated repeatedly that individuals entering the counseling field frequently have unresolved psychological issues (Buchbinder, 2007). This tenet is the basis for examining the psychological well-being of students training to become counselors. The need for more attention to the psychological wellness of graduate counseling students is based on past research concerning unresolved psychological issues (Hensley et al., 2003). Many studies have been conducted with psychologists, social workers, and mental health professionals, and all have come to the same conclusion, namely, that early family experiences impact individuals' career choice of becoming therapists.

A qualitative study was conducted with 14 therapists, all holding degrees in clinical psychology. The interviews revealed that all 14 therapists had experienced substantial interpersonal stress in childhood. This interpersonal stress might account for interpersonal sensitivity on the part of the therapists, which is an important therapeutic skill. The findings led researchers to conclude that the relationship between the therapists' experiences in their families of origin and their career choice should guide the assessment process for therapy training candidacy (Racusin, Abramowitz, & Winter, 1981). This study reiterated earlier findings that personal issues influence and impact the career choice of therapists.

Another study compared the personal lives of psychotherapists and research psychologist; it found that more therapists than research psychologists were likely to report an unhappy childhood. There was also a significant difference when it came to childhood abuse; therapists were reporting a higher percentage of abuse. Therapists also reported more depression and anxiety (Radeke & Mahoney, 2000). This study found significant differences in the early experiences of therapists as compared to research psychologists. Based on these studies, which demonstrated that psychological issues do in fact impact therapists, a need is clearly present that demands that the psychological well-being of counselors-in-training be assessed and attended to.

In the marriage and family literature, the personal life of the therapist has become of interest over the last decade (Polson & Nida, 1998; Wolgjen & Coady, 1997). Polson and Nida (1998) stated that the focus of the literature has been on skill development; yet, even after a decade, the focus on experiences crucial to the personal transformation of therapists is still lacking. Today, it is considered important for counselors to understand how to use their personal and professional selves to affect the therapeutic process. Providing counseling students with an assessment of their own psychological well-being can, thus, be helpful in focusing them upon working on their personal growth. Personal growth can strengthen the ability to use the self in the therapeutic process, noted Wiseman and Shefler (2001).

A qualitative study that examined the personal and professional growth of marriage and family therapists comprised 13 participants. Out of these 13 participants, 10 reported that personal experiences provided growth as a clinician; 6 reported that some type of personal therapy had influenced the kind of clinician they had become (Paris, Linville, & Rosen, 2006). This study reiterated the need for educators of future counselors to examine the marriage and family literature and to include personal growth systematically as part of counselor development.

Another study was conducted in 2007 that examined the need for personal therapy of psychotherapists. The study included psychologists, social workers, and counselors. It found that 84% of psychotherapists reported the use of personal therapy (Bike et al., 2009). This research documented the use of therapy by counselors in their attempt to heal from unresolved psychological issues.

Studies of the well-being of therapists already in practice documented that therapists needed to take care of themselves. The fact remains that the counselor is the

only other individual, besides the client, responsible for the success of therapy (Wampold, 2001). With this in mind, it is paramount that counselors take measures to ensure that they are functioning optimally when in a therapeutic relationship (Linley & Joseph, 2007). These studies confirmed the need for attention to be placed on the therapists' self, and there could hardly be a more opportune time for addressing unresolved personal issues than before a counselor goes into practice.

The literature demonstrated time and again that personal issues are part of the process of becoming a therapist. In a search for self-healing, individuals often find their way into the counseling profession. Many therapists have reported that professional functioning provides ongoing self-healing for earlier unresolved psychological issues (Racusin et al., 1981). However, such unresolved issues can also hinder the professional growth of developing counselors, create boundary issues, and affect counselor effectiveness (Bike et al., 2009). The research is clear that unresolved psychological issues will impact the lives of therapists. This body of research prompted the proposal for the present study, in order to examine the need for assessing the psychological well-being and perceived wellness of students in a graduate counseling program before they go into practice.

Purpose of the Study

The purpose of the study was to understand psychological well-being and perceived wellness in graduate students preparing to become counselors. This study evaluated the relationship between psychological well-being and perceived wellness in graduate-level counseling students at a state university in south-central Pennsylvania. Psychological well-being is defined as a combination of several aspects of positive psychological functioning, which includes self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff & Singer, 2006; Ryff & Singer, 2008a). Perceived wellness is typically present when an individual experiences consistent and balanced growth in six wellness dimensions that pertain to the physical, spiritual, psychological, social, emotional, and intellectual realms (Harari, Waehler, & Rogers, 2005). The study aimed at addressing a critical need, namely, to assess and address the wellness of masters-level counseling students by providing information on the psychological well-being and perceived wellness of such students. The results of this study could also have implications for additional problems such as the failure of self-care among counselors or the nonexistence or nonuse of adequate wellness assessment tools during counselor development.

This study was proposed to investigate the potential relationship between psychological well-being and perceived wellness in graduate-level counseling students by examining the difference between well-being and perceived wellness. Well-being was measured with the use of the SPWB to provide information about six dimensions of positive functioning. Perceived wellness was measured with the use of the PWS to provide information on six dimensions of health.

Research Design

This study examined the psychological well-being and perceived wellness of graduate counseling students. As such, the independent or predictor variable studied was psychological well-being, and the dependent or criterion variable was perceived wellness.

In the late 1980s, Ryff (1989) conducted pivotal research in the area of psychological well-being. She found that higher levels of the constructs of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance were consistently related to psychological well-being. These six dimensions were found to address the different challenges individuals face in achieving psychological well-being. The study was conducted on 321 men and women, who were divided into three age ranges: young, middle-aged, and older adults. The participants rated themselves on measures of the six proposed constructs as well as on six instruments used in earlier studies. The six instruments used in earlier studies were examples of how constructs were previously used in isolation to measure positive functioning, or psychological well-being. The six instruments used in previous studies rated affect balance, life satisfaction, self-esteem, morale, locus of control, and depression. The results of the Ryff study revealed that four of the new dimensions were not being measured by the old assessment indexes. The four new dimensions were positive relations with others, autonomy, purpose in life, and personal growth. The results of this study provided the foundation for using a multidimensional model of psychological well-being.

In order to assess the predictor variable of each student, this research used the Ryff's (1989) Scales of Psychological Well-being (SPWB). This is an instrument designed to measure the six dimensions of psychological well-being: (a) autonomy, (b) environmental mastery, (c) personal growth, (d) positive relations with others, (e) purpose in life, and (f) self-acceptance. The SPWB has been used by many researchers to assess psychological well-being throughout life (Ryff & Singer, 2006). For example, over 134 studies have employed the SPWB with strong validity and reliability findings. This study examined the data by using the total score, along with each of the six subscale scores of psychological well-being.

To address the criterion variable, this study used the Perceived Wellness Survey (PWS) by Adams (1995). The PWS is a 36-item self-report measure, which is used to assess perceived wellness across six life dimensions pertaining to the (a) emotional, (b) intellectual, (c) physical, (d) psychological, (e) social, and (f) spiritual realms. The purpose of the PWS is to assess the degree to which individuals perceive personal wellness across six life dimensions. The PWS has been used by several researchers to assess perceived wellness (Harari et al., 2005). For example, the PWS was used with strong validity and reliability findings by Adams et al. (1998), Adams et al. (2000), and Harari et al. (2005). This study used the total PWS to determine the perceived wellness of each student. Multiple regression analysis was performed to determine the relationship between the predictor (psychological well-being) and criterion (perceived wellness) variables.

Setting and Sample

The target population for this study was graduate students who were enrolled in a CACREP (Council for Accreditation of Counseling and Related Educational Programs) accredited counseling program at a medium-sized state university in Pennsylvania. The sample size was determined by conducting a sample-size analysis. For this analysis, the statistical values were: power (p) = .80, alpha (α) = .05, and f^2 = .15. In addition, it was estimated that up to six predictors would be entered into the multiple regression equation.

Ninety nine graduate counseling students participated in the study; 2 failed to complete both survey instruments successfully and, therefore, were removed from the total sample. Of those who responded, 14 were male and 85 were female. The age of the participants ranged from 21-59 years with most (82.9%) of the study participants between the ages of 21 and 30 years. The smallest number of participants (7%) was in the 41-59-year age bracket.

The eligibility criterion for participation in the study rested solely on current enrollment in the CACREP-accredited graduate counseling program from which the participants were drawn.

Demographic Characteristics of the Sample

Table 1 summarizes the demographic characteristics of the study sample. The age of the participants ranged from 21-59 years, with most (82.9%) of the study participants between the ages of 21 and 30 years. The smallest number of participants (7%) was in the 41-59-year age bracket.

Table 1 Demographic Characteristics of the Study Sample (N = 99)

Characteristics	Number	Percentage
Age Bracket		
21-25	46	46.4
26-30	36	36.5
31-59	17	17
Gender		
male	14	14.1
female	85	85.5
Ethnicity		
Caucasian	84	84.8
African American	5	5
Hispanic	3	3
Other or did not answer	7	7
Degree Year		
1st	49	49.4
2nd	20	20.3
3rd	16	16.1
Other	14	14.1
Personal Counseling Experience		
Counseling Experience Total	67	67.6
Current Experience Total	22	22.2
Previous Experience Total	62	62.6
Never had counseling	32	32.3
Benefit of those with experience (n = 67)		
Yes	56	83.6
No	7	10.4
Did not answer	4	6.0

The ethnic breakdown of participants was as follows: Caucasians 84.8%, African Americans 5%, Hispanics 3%, and Other (including those who did not answer the question) 7%. Of the 67 participants who reported entering personal counseling, 56 thought that the counseling was beneficial. All the study participants held a bachelor's degree and were currently enrolled in a master's degree program in counseling with almost half (49.5%) of the participants in their first year or study.

Overview of Design and Procedures

Psychological well-being and perceived wellness were assessed for each participant. Participants completed two survey instruments along with a demographics questionnaire. The first survey was the SPWB, which provided scores for six subscales and an overall score. The six subscales measured positive relations with others, autonomy, environmental mastery, personal growth, purpose in life, and self-acceptance. The second survey, the PSW, provided a total perceived wellness score. The Mean scores and standard deviations for each variable are shown in Table 2.

Table 2 Means and Standard Deviations for Criterion and Predictor Variables

Variable	Mean	SD
PWS Overall	4.62	0.628
SPWB Overall	4.77	0.461
SPWB Personal Relations	4.96	0.706
SPWB Autonomy	4.21	0.651
SPWB Environmental Mastery	4.48	0.737
SPWB Personal Growth	5.25	0.461
SPWB Purpose in Life	4.95	0.466
SPWB Self Acceptance	4.77	0.636

Data Analysis and Results

To test the hypothesis and examine the direct impact of psychological well-being on perceived wellness, a multiple regression analysis was conducted. Two separate analyses were run. The first examined the relationship between the overall scores on perceived wellness and psychological well-being. The second analysis examined the relationship between the dependent variable, perceived wellness, and the six predictor variables, namely, (a) positive relations with others, (b) autonomy, (c) environmental mastery, (d) personal growth, (e) purpose in life, and (f) self-acceptance.

Data analysis was conducted using predictive analytics software (the PASW 18 package). An examination of Mahalanobis distances (*MD*) (Tabachnick & Fidell, 2007),

computed from the regression of perceived wellness on psychological well-being, demonstrated that $MD = .000$ to 7.647 failed to identify any outliers that would be considered significant multivariate outliers at $MD = 10.83$ ($\alpha = .001$).

Initially, simple bivariate correlations between perceived wellness and the six subscale scores of psychological well-being were computed using Pearson's r . Based on the correlations shown in Table 3, perceived wellness was significantly, positively, and strongly related to positive relations with others ($r = .662$, $p < .001$), environmental mastery ($r = .756$, $p < .001$), personal growth ($r = .458$, $p < .001$), purpose in life ($r = .696$, $p < .001$), and self-acceptance ($r = .674$, $p < .0014$). Autonomy ($r = .252$, $p < .01$) was significant at the 0.01 level.

Table 3 Correlation Coefficients

Measure	Perceived Wellness
Positive Relations with Others	0.662*
Autonomy	0.252**
Environmental Mastery	0.756*
Personal Growth	0.458*
Purpose in Life	0.696*
Self-Acceptance	0.674*

Note. * $p < .001$. ** $p < .01$.

During the first analysis, the one predictor variable of total psychological well-being was entered into the regression. Tables 4 and 5 display the results of this analysis. The multiple correlation ($R = .778$) was large and differed significantly from zero ($F(1,95) = 145.609$, $p < .001$). The R^2 equaled $.605$ (adjusted $R = .601$) and indicated that psychological well-being was a strong predictor of perceived wellness (Table 4).

Table 4 ANOVA Table for the Regression Model

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	22.914	1	22.914	145.609	<0.001
Residual	14.950	95	0.157		
Total	37.864	96			

An examination of the regression weights shown in Table 5 indicated that the predictor variable had a positive and significant impact on perceived wellness. The standardized regression coefficient for Total psychological well-being equaled $\beta = .778$ and is statistically significant ($p < .001$). Using Cohen's d for effect size, a large and strong effect size accounted for 77% of the variance (Cohen & Swerdlik, 2005). Based on the presenting findings, perceived wellness appears to be strongly predicted by psychological well-being.

Table 5 Summary of Regression Analysis for Variables Predicting Perceived Wellness

Measure	B	SE B	β	t	p
SPWB Overall	1.059	0.088	0.778	12.067	<0.001
Constant	-0.429	0.421		-1.020	0.310

To further examine the data, a multiple regression analysis was conducted to assess the impact of the six dimensions of psychological well-being (positive relations with others, autonomy, environmental mastery, personal growth, purpose in life, and self-acceptance) on perceived wellness. In the standard (or simultaneous) model, the six predictor variables were entered into the regression simultaneously. Tables 6 and 7 display the results of this second analysis. The multiple correlation ($R = .829$) was large and differed significantly from zero ($F(6, 90) = 33.011, p < .001$). The R^2 equaled .688 (adjusted $R^2 = .667$) and indicated that the six dimensions of psychological well-being accounted for 66% of the variance in perceived wellness (as measured by adjusted R^2) and were strong predictors of perceived wellness (Table 6).

Table 6 ANOVA Table for Regression Analysis with Six Predictor Variables

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	26.0341	6	4.339	33.011	<0.001
Residual	11.803	90	0.131		
Total	37.864	96			

Table 7 Standardized Parameter Estimates and Confidence Intervals for Variables in the Model (N = 97)

Measure	B	SE B	β	t	p
SPWB Positive relations	0.212	0.069	0.239**	3.062	0.003
SPWB Autonomy	-0.064	0.066	-0.066	-0.961	0.339
SPWB Environmental mastery	0.291	0.083	0.342***	3.523	0.001
SPWB Personal growth	0.035	0.104	0.025	0.333	0.740
SPWB Purpose in life	0.333	0.119	0.248**	2.801	0.006
SPWB Self-Acceptance	0.152	0.087	0.154	1.743	0.085

Note. *** $p < .001$. ** $p < .01$.

Based on the presenting findings, perceived wellness appeared to be strongly predicted by overall psychological well-being, as well as by the three subscales: positive relations with others, environmental mastery, and purpose in life. Using standardized coefficients (Beta) to determine the significance of predictors, their absolute values were compared; the first analysis demonstrated that overall psychological well-being ($\beta = .778$, $p < .001$) contributed the most, with the second analysis demonstrating that environmental mastery ($\beta = .342$, $p = .001$), positive relations with others ($\beta = .239$, $p = .003$), and purpose in life ($\beta = .248$, $p = .006$) contributed significantly as well. The other three independent variables (personal growth, self-acceptance, and autonomy) were not significant predictors: personal growth ($\beta = .025$, $p = .740$), self-acceptance ($\beta = .154$, $p = .085$), while autonomy ($\beta = -.066$, $p = .339$) had an inverse relationship. Regarding the latter, it is possible that, due to the nature of caring for others and the participants' still being in the learning process, these graduate students did not yet possess a high level of professional autonomy, which may impact their rating of overall autonomy.

The relationship between the two overall scores on the PWS and the SPWB demonstrated a strong relationship. The inconsistency between the relationship of three of the subscale scores and the relationship of the overall score of psychological well-being with perceived wellness should be noted. The lack of a significant relationship between half of the subscale scores of psychological well-being and perceived wellness, yet a strong relationship between the overall score and perceived wellness seems noteworthy and in need of further study.

The findings demonstrated the existence of a relationship between psychological well-being and perceived wellness. The results of the multiple regression analysis showed significant relationships between overall psychological well-being and the three subscale scores environmental mastery, positive relations with others, and self-acceptance and perceived wellness. This result supports the position that graduate-level counseling students tend to have higher levels of perceived wellness when they also have higher levels of psychological well-being.

Discussion

The reason for undertaking this study was to examine the need for counselor education programs to develop a systematic way to evaluate and improve wellness in current masters-level counseling students (Hensley et al., 2003). More importantly, researchers have clearly indicated in the counseling literature that unresolved psychological issues are common in those who enter the counseling field (Buchbinder, 2007; Cummins, Massey, & Jones, 2007). Other authors have discussed the viewpoint that counselor wellness significantly impacts therapy in three major areas including effectiveness (Meyer & Ponton, 2006), burnout (Stebnicki, 2000), and job stress (Young & Lambie, 2007).

The outcome of this study showed that overall psychological well-being had the highest correlation with perceived wellness. The study also revealed that three specific subscale scores of the SPWB instrument (positive relations with others, environmental mastery, and purpose in life) had a statistically significant relationship with perceived wellness.

Results also showed that there was no significant relationship between perceived wellness and the three subscales of autonomy, personal growth, and self-acceptance. The findings suggested that autonomy, personal growth, and self-acceptance might not be the best ways to predict perceived wellness, but scores on overall psychological well-being, as

well as on the three subscales of positive relations with others, environmental mastery, and purpose in life seem strongly related to perceived wellness.

It appears that helping students recognize impairment is a crucial aspect in the training of effective counselors (Roach & Young, 2007). One aim of this study was to rule out inaccurate perception as a factor in the lack of attention given to self-care during counselor development. If the students were rating themselves appropriately and honestly, perhaps the correlation found between psychological well-being and perceived wellness suggested that counselors-in-training are capable of accurately perceiving their level of well-being. Although a certain lack of attention to wellness during counselor development was documented in the literature (Hensley et al., 2003), this sample of participants demonstrated an awareness of personal wellness.

The theoretical base of this study also supported that personal wellness of the counselor is critically important to the therapeutic process of helping others (Rogers, 1961). Of the 67 participants who had entered into personal counseling in the past or were currently going to counseling, 56 (83.6%) found counseling beneficial. The results also revealed that 32 (32.3%) of the participants had never entered into counseling. These findings seem to be somewhat inconsistent with claims in past research that counselors are often the last to ask for help, thus delaying self-care (Roach & Young, 2007). This may have been due to the fact that these participants are still students and have not yet become counselors. As a full time counselor, it is still possible that self-care decreases and therefore would impact self-perception. Although it appears that in this study nearly two thirds of the participants sought counseling, it is equally important to note that one third had not. This might be the reason for some of the low scores on the assessment instruments and should be examined through future research.

It is important to note that the individual subscales of psychological well-being provided more in-depth information for each student, which pinpointed areas of need. Personal-growth scores were the only area where all participants scored in the high range, demonstrating that this is the only area that students did not show a perceived need. Each dimension would represent a different focus for self-care.

These findings showed that some students who scored low on several of the subscales would benefit from self-care in those areas. The participants with low scorers have areas in their personal lives that could affect counselor effectiveness and competency during their careers if left unattended. For example, a low scorer on positive

relations with others would have few close relationships, have difficulty showing concern for others, and be isolated due to the frustration with interpersonal relationships. A low score in any of these six subscales could be cause for concern. These findings support the researcher's belief that assessment tools can pinpoint areas of need to increase positive psychological functioning.

Implications for Change and Conclusions

The prevalence of mental health issues in society demonstrates the need for competent and effective counselors. The impact of these issues on society requires the continued assistance of healthy counseling professionals, who play a vital role in promoting change through better mental health (Lawson, 2007; Linley & Joseph, 2007; Patrick, 2007).

This study provided valuable insights into the overall health and well-being of counselors-in-training. Descriptive analysis revealed that 32% of participants have never entered into personal counseling. With the literature supporting the fact that many individuals entering the counseling field have unresolved psychological issues, these data point out the need for such assessments in counselor education programs. Previous research has documented the need for effective therapists because of the exceedingly high costs of health care, as well as premature death and disability due to mental illness (Holden, 2005; Soni, 2009).

Educators have a responsibility to identify and address problems associated with professional and personal competence (Johnson et al., 2008; Meyer, Mobley, & Booth, 2003). The assessment tools used in this study could provide counselor development programs with a systematic way for assessing potential threats to counselor competency. Counseling students should be routinely provided with this type of assessment to help them determine their own level of well-being. Clearly knowing the level of their own well-being would encourage students, it is hoped, to seek the necessary help to increase any levels in need of improvement before they enter the counseling field (Patrick et al., 2007; Radeke & Mahoney, 2000).

The results of this study also have substantial implications for counselor development. This research established a link between psychological well-being and perceived wellness in counselor-education students and provides convincing evidence that, at the very least, self-assessment should be made available to students to help them raise the awareness of their own psychological needs.

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