An Integrated Transformational Teaching Model for Empowering Undergraduate Psychology Students to Cultivate Self-Awareness, Wellness Practices, and Resilient Mindsets during their Undergraduate Careers

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An Integrated Transformational Teaching Model for Empowering Undergraduate Psychology Students to Cultivate Self-Awareness, Wellness Practices, and Resilient Mindsets during their Undergraduate Careers

A Dissertation

Submitted to the Graduate Faculty of the University of New Orleans in partial fulfillment of the requirements for the degree of

Doctor of Philosophy in Counselor Education

by

SummerRae Landry Arcemont

B.S., Nicholls State University, 2013
M.A., Nicholls State University, 2017

May 2024
Dedication

To my husband, best friend, and number one fan, Brennon Arcemont, for your unconditional love, immeasurable support, and unwavering faith in me over the past 18 years.

You changed my life in more ways than you will ever know.
Acknowledgments

This accomplishment would not have been possible without all the extraordinary individuals who have invested in my growth and provided guidance, support, assistance, and encouragement throughout my academic journey.

First and foremost, I want to acknowledge my husband, Brennon. From high school to PhD, we have gone through so many life changes and stages of development together. Thank you for having my back from day one and showing me the power of unconditional love and support over the last 18 years. You recognized my true potential long before I did. I’m so thankful you pushed me to embrace it. My courage, determination, persistence, and success have resulted heavily from your unwavering confidence in my abilities and endless words of affirmation. You inspire me to continue learning and growing to be the best version of myself.

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Abstract

This Narrative inquiry explored psychology students’ perceptions of self-awareness interventions and wellness training in undergraduate psychology coursework. Participants included seven undergraduate psychology majors who completed a psychology health and wellness course in the Fall 2023 semester at a regional university in the Southeast. Semi-structured interviews were conducted and examined to identify themes in the students’ stories regarding their journeys through the wellness course. The use of reflexive thematic analysis helped determine the following five overarching themes from the data: Roadmap for Navigating Wellness, Group Experience, Newfound Insight, Personal Growth and Transformations, and Moving Forward. The results of this study highlighted the importance of self-awareness and wellness in aspiring Mental Health Practitioners.
CHAPTER I
INTRODUCTION

In the field of counseling, self-awareness (SA) is defined as understanding one’s values, beliefs, life experiences, and worldview (Pieterse et al., 2013). Additionally, becoming conscious of one’s thoughts, feelings, behaviors, attitudes, biases, assumptions, and unresolved issues and understanding how these factors impact the counseling relationship (Pieterse et al., 2013) are essential to SA development. Furthermore, a keen sense of SA requires acknowledging one’s limitations and seeking support when necessary (CACREP, 2009). Therefore, SA is considered a crucial skill that Mental Health Practitioners (MHP) must possess to work effectively with diverse populations and remain ethical in clinical practice (Pieterse et al., 2013; Wilkinson, 2011). Similarly, to avoid impairment and maintain effectiveness, MHPs must also prioritize personal wellness and self-care.

Mental health care professionals work in people-oriented service professions that require high psychological demands. Because higher levels of strain are associated with these professions, practitioners face ongoing threats of compassion fatigue, vicarious trauma, and burnout (Lawson, 2007); thus, overall wellness is essential. The National Wellness Institute defines wellness as “an active process through which people become aware of, and make choices toward, a more successful existence” (NWI, 2023). MHPs who are “unwell (stressed, distressed, or impaired)” cannot offer the highest level of care to their clients (Lawson, 2007, p.21). Additionally, a lack of SA of one’s well-being combined with ineffective coping practices can intensify a decline in personal wellness and risk the engagement of unethical practices.

For this reason, the following professional associations have explicitly outlined expectations for MHPs to maintain SA and personal competence and promote wellness as part of
their ethical responsibilities: American Counseling Association (ACA), American School Counseling Association (ASCA), National Board of Certified Counselors (NBCC), the American Mental Health Counseling Association (AMHCA), and American Psychological Association (APA).

Overview

To obtain a career in the helping profession, individuals must acquire the specific education, training, and credentials that are associated with the career path that they are pursuing. Individuals who desire to become psychologists, counselors, or social workers must complete graduate degrees, supervised training, and licensure exams before receiving approval to practice independently. Notably, while individuals are enrolled in graduate programs specific to these career paths, they will begin providing services to clients as part of their training. With this in mind, various graduate programs have provided standards that specifically highlight the critical need to provide students with opportunities to increase personal development (PD). For example, the Council of Accreditation for Counseling and Related Educational Programs (CACREP) (2016) emphasizes the importance of counselor education graduate programs, ensuring that graduate students develop a strong sense of SA and regular self-care practices as part of their personal development.

Specifically, CACREP (2016) program standards outline integrating these practices into each program’s curriculum (Section 2. F. 1) In fact, individuals who enroll in graduate counselor education programs must be assessed in these areas of PD at some point during their time in the program. However, according to previous literature examining counselor education, SA and self-care are typically monitored during the supervised phase of graduate students’ training (Pieterse
et al., 2013; Thompson et al., 2011; Wilkinson, 2011), which generally takes place in the second year of the graduate program (Pieterse et al., 2013).

While students are enrolled in the introductory graduate counseling coursework, counseling theory and techniques are generally the central focus rather than PD (Pieterse et al., 2013). Consequently, if these areas of PD are only monitored during the supervised phase of a particular program, educators may not detect deficits in students’ PD until they begin direct contact with clients.

It is also noteworthy that even though a particular program’s standards may require educators to monitor and assess specific areas of PD at some point during a graduate student’s training, this does not necessarily mean the program provides opportunities or resources for students to cultivate these areas of PD. For example, previous literature has also shown that there has been a lack of instruction and systematic training within programs teaching the prevention of burnout, wellness practices, and emotional regulation strategies (Newsome, 2006; Newsome, 2012; Prikhidko et al., 2020; Thompson et al., 2011). Moreover, because the time demands associated with meeting curriculum and clinical training requirements often limit graduate programs’ opportunities to teach wellness practices, it may be considered students’ responsibility to develop strategies for maintaining wellness independently (Newsome, 2006; Newsome, 2012; Rosenzweig et al., 2003). As a result, graduate students who lack adequate coping resources for managing stressors may be at a higher risk for experiencing distress, burnout, and overall wellness breakdown while in training. Subsequently, experiencing these impairments in functioning increases the propensity for unethical practices.

To demonstrate, previous studies have revealed that graduate students have reported experiencing the following during their graduate training: emotional dysregulation, burnout,
inability to balance roles and responsibilities, and challenges with establishing healthy boundaries between their personal and professional lives (El-Ghoroury et al., 2012; Prikhidko et al., 2020; Thompson et al., 2011). Further, research has shown many graduate students are not mentally prepared for the transition into graduate school upon entering their first counseling courses (Granello & Young, 2019). Moreover, some do not receive the PD or preparation essential to transition into graduate school during their undergraduate career (Yager & Zolia, 2007). In detail, studies have indicated that many undergraduate students do not acquire the following necessary life skills: “self-regulation, resiliency, stress reduction, depression prevention, anger management, goal setting, or the self-understanding and self-assessment of one’s personal strengths and weaknesses, character traits, beliefs, values, and goals” (Bachik & Kitzman, 2020, p.152). As evidenced throughout the literature, there appears to be a need to address SA development, wellness training, and personal growth opportunities at the undergraduate level of college students’ academic careers.

**Problem Statement**

Many students who pursue graduate degrees in psychology, counselor education, social work, higher education, and other helping-related fields first obtain a bachelor’s degree in psychology (APA, 2019). According to the American Psychological Association (APA) Centers for Workforce (2019), National Science Foundation Data showed that 26 % of individuals with a bachelor’s degree in psychology obtained master’s degrees in one of the following helping industries: counseling, social work, education, medicine, and criminal justice.

Conversely, 57% of students entered the workforce upon obtaining their bachelor’s degree (APA, 2019). For this reason, it is imperative to consider the PD of students who do not plan to attend graduate school. In other words, if these areas of PD are only addressed and
monitored during the training portion of graduate programs, undergraduate students who go straight into the workforce postgraduation will not acquire the PD or skills needed to maintain wellness, optimal functioning, effectiveness, healthy work/life balance and healthy boundaries.

Research has also shown growing concern regarding student wellness and academic performance to highlight further the need for personal development in undergraduate students (Bachik & Kitzman, 2020; Novotney, 2014; Ohrt et al., 2019). Specifically, when examining undergraduate students’ well-being, Novotney (2014) and Ohrt et al. (2019) found a rising need for mental health services at college counseling centers. Indeed, college is an “inherently stressful phenomenon” for individuals pursuing post-secondary education (Maddi, 2011, p.299).

Undergraduate students face challenges adapting to the university culture and the rapid changes associated with their new academic roles, responsibilities, and expectations (Ohrt et al., 2019). Moreover, they often struggle “with independence from their parents and learning to balance work, school, and social life, career development, and financial responsibility” (Ohrt et al., 2019, p.264). Additionally, students who have pre-existing mental health conditions often experience more intense symptoms due to the transition to the university environment (Mofatteh, 2021). Barriers such as but not limited to a lack of adequate preparation and a lack of access to sufficient resources only exacerbate the challenges experienced during this significant life transition. (Blackwell & Pinder, 2014; Castleman & Page, 2013; Mehta et al., 2011; Stebleton et al., 2014).

Another key point is that undergraduate students not taught coping strategies for managing life stressors will be more likely to experience elevated strain levels throughout their academic journey (Maddi, 2011). Under this circumstance, students will be at a higher risk of experiencing psychological distress, disruptions in cognitive functioning, and overall wellness
breakdown, further impeding their performance (Maddi, 2011) At the same time, unresolved issues related to deficits in functioning also increase the likelihood of resignation from college (Wardini, 2020). Considering the vast range of challenges students face throughout their personal and professional development, “building resilience, teaching health coping strategies, fostering community connectedness, and implementing other wellness initiatives is imperative” (Ohrt et al., 2019, p.264).

Undergraduate students must be able to approach challenges with a growth mindset and prioritize wellness practices to progress in their development. With this intention, Bachik and Kitzman (2020) argued that “only by infusing direct attention and practices to student’s personal growth and emotional well-being can we hope to graduate well-adjusted individuals and productive, successful employees” (p.150). Further, the National College Health Association’s (2022) health assessment data indicated that students may benefit from teaching approaches and interventions that promote personal development by increasing self-awareness and healthy well-being, improving emotional regulation and stress management, and encouraging personal growth. Whether undergraduate students pursue graduate degrees or enter the workforce directly following graduation, overall well-being is essential. Moreover, wellness practices, SA, and effective coping skills are necessary in preparing undergraduate students to navigate the changes, realities, and uncertainty associated with the next phase of life as they transition into adulthood.

Interestingly, the recent version of APA guidelines 3.0 (2023) for undergraduate psychology curricula specifies personal and professional development as one of the five overarching goals and provides learning outcomes to address in undergraduate psychology programs. These recent guidelines also emphasize a need for students to develop the necessary skills to prepare them for the workforce or entrance into a graduate program. Although this
further highlights a need for SA and wellness practices at the undergraduate level, the APA’s operational principles articulate that no specific curriculum or course content is associated with the learning outcomes outlined in the recent guidelines. Another limitation of the new APA (2023) PD goal is that there are no recommendations regarding which psychology courses the new fifth overarching goal should be housed in. Moreover, instructors have academic freedom regarding selecting goals and learning outcomes they decide to target with their courses and how they will address them (APA, 2023). Accordingly, these limitations may lead to the PD goal being overlooked or inadequately addressed within some psychology programs.

Acquisition of knowledge and skills, increasing competency, learning to master control over one’s thoughts and feelings, and identity formation are developmental processes that are cultivated and assimilated over time. Moreover, personal development is a lifelong process. Indubitably, despite the individual’s path, starting these processes at a more crucial stage of development (i.e., the beginning of a student’s tertiary education) may be more beneficial and potentially increase postgraduation outcomes. For this reason, educators must provide recommendations regarding integrating APA’s (2023) PD goal in the psychology course curriculum. Additionally, specific PD programming for addressing self-awareness development, wellness, and other necessary life skills in course curricula must be established and studied.

**Purpose of the Study**

As formerly highlighted, psychology students frequently pursue graduate degrees in helping professions such as counselor education. To illustrate, within the last five years, 57% of the students who entered counseling programs at Nicholls State University first obtained a bachelor's degree in psychology. Contrarily, several undergraduate psychology students entered the workforce directly after graduation. Many undergraduate psychology students at this
university also must complete internships at helping agencies as part of their senior capstone. Indeed, to be adequately prepared for their transition into the professional world, these students must cultivate a keen sense of SA and wellness practices while in their undergraduate careers.

Thus, the purpose of this study was to explore the experiences of students who were provided opportunities to focus on their personal development (PD) in an undergraduate psychology health and wellness course that incorporated a transformational teaching approach, wellness training, self-reflective activities promoting SA, group work to cultivate socially supportive relationships, and coping strategies for facilitating the development of resilient mindsets. Moreover, the purpose was to understand how students experienced the TT approach and PD programming developed for the wellness course by examining the narratives they created when sharing their experiences.

The first anticipated outcome was that the transformational teaching approach and course programming in Tables 1 and 2 would stimulate self-reflection and lead to transformational experiences wherein students gained SA through understanding themselves more deeply. Second, students would begin cultivating the three hardy attitudes (challenge, commitment, control) that help build resilience. Third, students would learn the value of prioritizing personal wellness and strive for more meaningful self-care. Finally, students would recognize that wellness is a process, not an outcome, and they would aspire to continue cultivating a lifestyle committed to holistic wellness.

**Significance of the Study**

Dunne (2003) emphasized, “the end of education is the development of the student’s powers and that these powers find their most reliable means of development through engagement with well-established practices with their respective disciplines, standards, and excellence” (p.
Outlining specific ways to provide personal aspects of professional development in undergraduate psychology programs may enhance students’ psychological readiness to transition from college life into the professional world. Moreover, offering students opportunities to begin addressing specific developmental processes during their undergraduate career could give them more time to explore their identities and subsume broad concepts. Additionally, it may inspire students to seek more stimulating experiences that will continue facilitating their personal development beyond their undergraduate career. As a result, these aspiring professionals may be more likely to enter their careers as empowered, self-actualized, competent, independent practitioners who embody growth mindsets and model and exemplify wellness.

Targeting certain aspects of PD at the undergraduate level may also improve retention rates in undergraduate programs and boost the percentage of undergraduate psychology students who decide to pursue graduate degrees. At the same time, it could also potentially decrease the turnover rates in community health positions for those students who immediately enter the workforce upon completing their bachelor's degree. Finally, exploring the narratives of psychology students who were offered opportunities to focus on SA development and wellness in the undergraduate setting may provide helpful insight into how they perceive these developmental processes. Furthermore, examining students’ perceptions of the PD programming developed for this study could potentially provide educators with resources for addressing SA and wellness in undergraduate psychology programs.

**Conceptual Framework**

Clearly articulated throughout the literature, SA and wellness are essential to overall development, and one way to address one’s perspective is through transformational learning.

**Transformational Learning Theory**
Transformational Learning (TL) is a process that leads to a profound shift in perspective during which habits of mind become more open, more permeable, more discerning, and better justified (Mezirow, 2000). Moreover, Transformation Learning Theory (TLT) is an adult model of learning that includes a theoretical lens to inform the pedagogy of educators seeking to provide professional development through increasing student self-reflection and self-awareness, as it focuses on instructing students in ways that promote SA and personal growth (Fazio-Griffith & Ballard, 2016). Outcomes of TLT have included acting differently, having a deeper self-awareness, and experiencing an insightful shift in worldview (Stuckey et al., 2014).

**Transformational Teaching**

As Dunne (2003) expressed, “It is only in and through teaching, when it is successful, that students get sufficiently on the inside of different practices and disciplines to learn what it is they have to give…transformation takes place as possibilities and demands of practice elicit and shape the students’ own developing powers” (p.366). Accordingly, it is difficult to envision how individuals could achieve competence in any particular practice without systematic engagement and exposure to experienced professionals within their academic discipline (Dunne, 2003). Dunne (2003) argued that teaching is a practice and a craft where educators are adept at discovering numerous ways to meet their learners’ needs. Further, they are skilled in connecting students to the proper learning aids based on individual developmental needs. Good educators constantly assess their students’ abilities and readiness for change while adjusting their teaching approach to facilitate growth and help students reach their potential (Dunne, 2003).

There are several ways to foster TL and provide transcendental experiences that will challenge how learners view themselves and issues in the world around them (Cranton, 2016). Intriguingly, Slavich and Zimbardo (2012) proposed a model for transformational teaching (TT)
and identified the following theoretical underpinnings of transformational learning:

“constructivism, social constructivism, social cognitive theory, intentional change theory, and transformational leadership” (p.581). To provide instructors with techniques to engage students in transformational learning, Slavich and Zimbardo (2012) outlined the basic following principles: “facilitate students’ acquisition and mastery of key course concepts, enhance students’ strategies and skills for learning and discovery, and promote positive learning-related attitudes, values, and beliefs in students” (p.581).

Slavich and Zimbardo (2012) also identified the following six core methods of instruction for TT, in addition to the basic principles: “establishing a shared vision for the course, providing modeling and mastery experiences, intellectually challenging and encouraging students, personalizing attention and feedback, creating experiential lessons that transcend the boundaries of the classroom, and promoting ample opportunities for pre-flection and reflection” (p.571). These six core methods offer realistic recommendations for applying the theories and principles of TT and TLT to teaching (Fazio-Griffith & Ballard, 2016). Also noteworthy, the TT core methods coincide with some of the APA (2023) guidelines for undergraduate psychology curricula. Thus, the goal of using a transformational learning theory pedagogy to approach specific areas of PD was for students to experience some level of transformation regarding their wellness and SA development. In addition to SA and wellness, students must develop psychological hardiness to build resilient mindsets.

**Psychological Hardiness**

Maddi’s (2011) psychological hardiness model purports that as stressors accumulate, strain reaction increases, eventually causing an individual to experience wellness breakdown and decreased ability to function and perform optimally. Because attitudes and perceptions impact
how individuals experience, approach, and cope with stressful events (Cole et al., 2004), they have some control over various components of their situations. Hence, acquiring a “hardiness” personality style can aid them in approaching challenges (Maddi, 2011). According to Maddi (2013), one must possess existential courage gained through a combination of hardy attitudes and strategies to remain resilient and thrive in stressful situations. Maddi (2011) identified hardy strategies as “stress resistance resources” and emphasized the importance of individuals acquiring the following resources: “hardicoping,” hardy health practices, and hardy social support.

Maddi (2013) emphasized that individuals who do not possess the existential courage gained through cultivating all three “hardicoping” attitudes (commitment, control, and challenge) cannot effectively employ the hardy strategies when approaching stressful circumstances and will have a higher risk of experiencing wellness breakdown. Contrarily, adequate coping resources in combination with hardy attitudes can provide a buffering effect during stressful experiences to safeguard health, functioning, and performance (Maddi, 2011). However, implementing these coping resources effectively to combat stress requires individuals to develop this pattern of hardy attitudes (Maddi, 2011).

Students with psychological hardiness (PH) can handle stressors precipitated by challenging situations by appraising those experiences as growth opportunities and implementing coping strategies to maintain functioning. Interestingly, Maddi (2011) found that educators can inspire the development of hardy attitudes and strategies in college students whose parents did not provide the support and encouragement to develop this hardiness personality structure in childhood. First, teachers must recognize the denial and avoidance behavior associated with low hardiness to assist students in developing a hardy personality. Second, they must help those
students make positive changes by believing in them and helping them accept that the academic environment usually is stressful. Third, they must assist them in learning how to solve problems, encourage them to build socially supportive networks, and provide supportive feedback (Maddi, 2011). Finally, once students have engaged in problem-solving strategies, healthy self-care, and supportive interactions, the feedback they receive for effective implementation may lead to increased hardy attitudes (Maddi, 2011).

Henceforth, the researcher also implemented ideas from the PH framework into this study. However, it is important to note that the researcher did not cover the totality of the model or administer the hardiness training developed by the Hardiness Institute. The specific PH concepts and strategies addressed in this study are represented in Tables 1 and 2.

While the PH strategies do aid in diminishing strain and improving wellness, holistic wellness encompasses several dimensions and a wide variety of practices for maintaining balance within those dimensions. Therefore, incorporating a holistic wellness model that provides a multidimensional approach to wellness could be more beneficial in enhancing student awareness of their wellness. Thus, holistic wellness was addressed using the Indivisible Self Model of Wellness (IS-WEL) (Myers & Sweeney, 2004).

**Indivisible Self Evidenced-based Wellness Model**

The IS-WEL model illustrated in Figure 2 (See Chapter Two) is a holistic, strength-based wellness model (Myers & Sweeney, 2004). According to Myers and Sweeney (2004), the whole person must be explored to understand wellness. In the IS-WEL model, mind, body, and spirit are considered fundamentally inseparable, and the dimensions of wellness intersect and interact. Thus, experiencing growth in one area of well-being can help improve other dimensions of wellness (Myers & Sweeney, 2004).
The IS-WEL model contains five second-order wellness factors that compromise the self: Essential Self, Social Self, Creative Self, Physical Self, and Coping Self. There are 17 wellness components incorporated among the five factors. Each factor can be assessed formally using Myer and Sweeney’s (2005) Five Factor Wellness Inventory (5F-WEL) or informally using the Five Factor Wellness and Change workbook. Further, the wellness workbook also contains strategies for changing habits and tools to set and plan goals for creating a healthier lifestyle (Myer & Sweeney, 2005). For this study, the IS-WEL model was used to evaluate students’ wellness and help them establish wellness plans to implement throughout the semester. Additionally, components of the workbook were used to aid students in building wellness plans.

Establishment of Teaching Model

Before starting the study, the researcher built a teaching model and outlined specific programming for addressing PD in undergraduate psychology wellness course curricula (See Tables 1 and 2). The goal in developing a teaching model with PD programming was to provide a framework for addressing some of the student learning outcomes associated with the fifth overarching APA goal of “Personal and Professional Development,” as well as other areas of PD with specific programming in an undergraduate psychology wellness course.

Transformational Learning Theory, the TT principles and core methods, elements of Maddi’s (2004) Psychological Hardiness for Performance and Health Enhancement model, and Myers and Sweeney’s (2004) Indivisible Self Evidenced-Based Model of Wellness model provided a foundation for creating a teaching model. Specifically, the model addresses the following: teaching practices and instructional methods, ways to target some of the APA overarching goals and SLOs with specific interventions, reflective activities, and experiential exercises. Additionally, by adding specific goals and learning objectives that coincide with the
IS-WEL and PH model to the teaching model, the researcher targeted additional areas of PD and professional development. Further, specific programming was also incorporated to align with those goals.

To illustrate, first, TLT Pedagogy provided the framework for developing the instructional methods and practices that helped cultivate a safe and trusting environment conducive to learner empowerment. It also aided in creating a structured approach for providing students with opportunities to work on their personal and professional growth and create socially supportive relationships. Second, incorporating a wellness model that confronted a multidimensional approach to wellness with evidence-based resources not only provided a great tool for educating students about the wellness domains and the interconnections between them but also provided a way for students to reflect on themselves from a holistic lens. Lastly, integrating aspects of the PH aided in creating lecture material to illustrate how individuals experience wellness breakdown and performance decline when challenges are perceived as threats, especially for those who have not acquired adequate coping resources to buffer strain. It was also used to inspire growth mindsets in the face of challenges by teaching students how to effectively evaluate stressors and implement cognitive restructuring strategies.

**Breakdown of Teaching Model**

Table 1 illustrates the core instructional methods and teaching practices incorporated into the wellness course. It also outlines the goals and student learning outcomes targeted in the course design. Upper-case letters, numbers, and lower-case letters inside the table delineate each component of the teaching model.

The model includes Slavich and Zimbardo’s (2012) six core methods for TT (identified by uppercase A). It also provides specific teaching objectives for these core instructional
methods. These objectives were selected and compiled from existing literature examining TT pedagogy. Although APA guidelines did not provide specific recommendations for targeting the PD SLOs with specific coursework, APA’s Committee on Associate and Baccalaureate Education (CABE) provided a Guide to College Teaching containing teaching strategies to help instructors optimize the APA learning outcomes. A table demonstrating how those strategies intersected and aligned well with the TT theory objectives established for the teaching model is provided in Chapter Two’s review of APA’s 3.0 (2023) guidelines and additional resources (See Table 5).

Uppercase B outlines the specific APA goals SLOs that were targeted in the course. There were six SLOs associated with APA’s (2023) overarching goal five, personal and professional development. Only three were selected and incorporated into the course: exhibit effective regulation, display judgment in professional interactions, and develop a direction for life after graduation. The other SLOs accompanying APA’s PD goal focused on project management and technology skills and were not associated with the mission of the course. However, there were some other overarching goals and SLOs in APA (2023) guidelines 3.0 that the course instructor believed were also associated with self-awareness and professional development. Thus, two additional SLOs were selected from two other APA overarching goals, one and three, to be incorporated into the course. The foundational indicators associated with the APA SLOs illustrate what the students should have a foundation of at the end of the course.

Uppercase C and D outline the goals and outcomes provided for the IS-WEL model and PH model.
### Table 1

**Integrated Teaching Model**

<table>
<thead>
<tr>
<th>Core Methods</th>
<th>Teaching Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Transformational</td>
<td>a. Share the course objectives with the students during the first meeting.</td>
</tr>
<tr>
<td>Teaching</td>
<td>b. Explicitly communicate that a desired outcome for the semester is for students to master the objectives outlined in the syllabus. Emphasize that this outcome is achieved by working together as a team.</td>
</tr>
<tr>
<td></td>
<td>c. Explain the exploratory nature of the course. Emphasize a goal to create a collaborative approach that includes students supporting and encouraging each other, sharing their knowledge, actively participating through sharing perspectives, and asking questions as needed.</td>
</tr>
<tr>
<td></td>
<td>d. Inquire about the student's individual goals for the class. Work together to reach a consensus on a mission statement that reflects the purpose of the course.</td>
</tr>
<tr>
<td></td>
<td>e. Involve students in forming the guidelines for participation throughout the semester.</td>
</tr>
<tr>
<td>1. Establish a shared</td>
<td>a. Instructor assumes the role of a coach and facilitator, exhibiting a desire to learn alongside the students throughout the semester and creating a shared power dynamic.</td>
</tr>
<tr>
<td>vision for course</td>
<td>b. Instructors models Roger’s core condition when students are sharing perspectives and experiences.</td>
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<tr>
<td></td>
<td>c. Instructor models a professional disposition, self-awareness, ethical behavior, and growth mindset.</td>
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<tr>
<td></td>
<td>d. Instructor provides experiential opportunities for students to discuss issues and practice problem solving strategies.</td>
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<tr>
<td></td>
<td>e. Students will be encouraged to consider challenging exercises as opportunities for growth and to view problems as both solvable and a chance to obtain, practice, and effectively demonstrate new skills. (Dweck &amp; Master, 2009).</td>
</tr>
<tr>
<td></td>
<td>f. When students are learning to implement new skills and problem-solving strategies, the instructor assists by modeling how to approach the task, providing information and resources, and supporting students by helping them recognize their unique abilities.</td>
</tr>
<tr>
<td></td>
<td>g. To promote mastery experiences, the instructor will frame goals as learning goals instead of performance goals (Slavich &amp; Zimbardo, 2012).</td>
</tr>
<tr>
<td>2. Provide modeling and</td>
<td>a. Instructor will provide challenging questions for group discussion that are appropriate to the student’s level of understanding based on prior knowledge obtained in the course (Slavich &amp; Zimbardo, 2012).</td>
</tr>
<tr>
<td>mastery experiences</td>
<td>b. Instructor will increase the level of difficulty for challenging exercises at a progressive rate over the semester.</td>
</tr>
<tr>
<td></td>
<td>c. Instructor will encourage students to “think independently, challenge commonly held assumptions, and view problems from different perspectives” (Slavich &amp; Zimbardo, 2012, p.590).</td>
</tr>
<tr>
<td>3. Intellectually</td>
<td>a. Instructor will assess student strengths, limitations, and capabilities through on-going observation to provide timely, individualized feedback.</td>
</tr>
<tr>
<td>challenge and encourage</td>
<td>b. Instructor will provide assistance and resources to students based on need level.</td>
</tr>
<tr>
<td>students</td>
<td>c. Instructor will balance constructive feedback with positive feedback and acknowledge when personal growth is observed.</td>
</tr>
<tr>
<td>4. Personalizing</td>
<td></td>
</tr>
<tr>
<td>attention and feedback</td>
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</tbody>
</table>

17
<table>
<thead>
<tr>
<th>Core Methods</th>
<th>Teaching Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Create experiential lessons that transcend the boundaries of the classroom</td>
<td>a. Instructor will create experiential components that provide students with the opportunity to experience concepts first-hand outside of the classroom.</td>
</tr>
<tr>
<td>6. Promoting ample opportunities for pre-reflection and reflection</td>
<td>a. Instructor will provide opportunities for students to pre-reflect on a topic followed by an opportunity to reflect once the activity has been completed.</td>
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<tr>
<td></td>
<td>b. Students will track goals and check in with progress.</td>
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<tr>
<td></td>
<td>c. Students will engage in ongoing reflection throughout the semester by journaling their class experiences.</td>
</tr>
<tr>
<td>B. APA Guidelines 3.0</td>
<td></td>
</tr>
<tr>
<td>1. APA Goal 1: Context Knowledge and Application</td>
<td>a. Student Learning Outcome 1.4: Apply psychological content to solve practical problems.</td>
</tr>
<tr>
<td></td>
<td>Foundational Indicator (c) Summarize psychological factors influencing healthy lifestyles (APA, 2023, p.17).</td>
</tr>
<tr>
<td></td>
<td>b. Student Learning Outcome: 3.2 Develop and Practice Interpersonal and Intercultural Responsiveness: Foundational Indicator (a) Interact sensitively with people of diverse abilities, backgrounds, and cultural perspectives.</td>
</tr>
<tr>
<td></td>
<td>d. Student Learning Outcome: 3.2 Develop and Practice Interpersonal and Intercultural Responsiveness: Foundational Indicator (d) Recognize how heritage, power, and privilege may produce differential access to opportunity.</td>
</tr>
<tr>
<td></td>
<td>b. Student Learning Outcome 5.1 Exhibit effective self-regulation: Foundational Indicator (b) Accept feedback from peers, educators, and mentors to improve performance.</td>
</tr>
<tr>
<td></td>
<td>c. Student Learning Outcome 5.1 Exhibit effective self-regulation: Foundational Indicator (c) Identify self-awareness and self-care strategies to support and promote high-quality performance.</td>
</tr>
<tr>
<td></td>
<td>d. Student Learning Outcome 5.1 Exhibit effective self-regulation: Foundational Indicator (d) Describe strategies that build resilience in relation to failed efforts or unpleasant events (APA, 2023, p. 32).</td>
</tr>
<tr>
<td></td>
<td>e. Student Learning Outcome 5.3 Display effective judgment in professional interactions: Foundational Indicator (a) Recognize that opinions and personalities will differ in professional and academic contexts (APA, 2023, p. 33).</td>
</tr>
<tr>
<td></td>
<td>f. Student Learning Outcome 5.3 Display effective judgment in professional interactions: Foundational Indicator (d) Identify how different work settings express and promote specific values (APA, 2023, p. 34).</td>
</tr>
<tr>
<td></td>
<td>g. Student Learning Outcome 5.6 Develop directions for life after graduation: Foundational Indicator (a) Identify academic and career options based on interests (APA, 2023, p. 35).</td>
</tr>
</tbody>
</table>
### Table 1 cont.  
*Integrated Teaching Model*

<table>
<thead>
<tr>
<th>Core Methods</th>
<th>Teaching Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>h. Student Learning Outcome 5.6 Develop directions for life after graduation: Foundational Indicator (b) Identify and locate appropriate career resources.</td>
<td></td>
</tr>
<tr>
<td>i. Student Learning Outcome 5.6 Develop directions for life after graduation: Foundational Indicator (e) Recognize the value of participating in activities that strengthen preparation for job entry or graduate school (APA, 2023, p. 36).</td>
<td></td>
</tr>
<tr>
<td>C. ISWEL Model</td>
<td>a. Students will learn the dimensions of wellness and the interconnectedness between them.</td>
</tr>
<tr>
<td>1. Facilitate student exploration of holistic wellness</td>
<td>b. Student will learn wellness interventions and prevention strategies to improve wellness practices.</td>
</tr>
<tr>
<td></td>
<td>c. Students assess their wellness using the 5F-Wel Inventory, will create a wellness plan, and establish and track goals to make/sustain healthy choices.</td>
</tr>
<tr>
<td>D. Psychological Hardiness</td>
<td>a. Hardicoping: Students will learn transformational coping strategies through applying cognitive restructuring concepts to example problems and personal challenges “to achieve perspective, understanding, decisive action” (Maddi &amp; Khoshaba, 2011).</td>
</tr>
<tr>
<td>1. Provide opportunities to learn and practice “Hardy Strategies”</td>
<td>b. Socially Supportive Interactions: Students will engage in group work where they will learn to communicate “constructively” and encourage and support one another in working toward wellness goals (Maddi &amp; Khoshaba, 2011).</td>
</tr>
<tr>
<td></td>
<td>c. Hardy Health Practice Relaxation: Students will learn how to identify “physiological signs of strain” and techniques for “decreasing physiological arousal” through learning breathing and relaxation techniques (Maddi &amp; Khoshaba, 2011).</td>
</tr>
<tr>
<td></td>
<td>d. Hardy Health Practice Nutrition: Students will learn to identify “eating habits that decrease performance and do not fuel the body; boost physical fitness and mood through a diet balanced in carbohydrates, protein, fats” (Maddi &amp; Khoshaba, 2011).</td>
</tr>
<tr>
<td></td>
<td>e. Hardy Health Practices Exercise: Students will learn to identify “physical habits; boost physical fitness through the frequency, duration, intensity, and specificity of physical activity, and enjoy it” (Maddi &amp; Khoshaba, 2011).</td>
</tr>
</tbody>
</table>

Regarding course programming, SLOs were targeted with group work, class discussions, and class activities that facilitated critical reflection and perception exploration. Additionally, reflective journaling was used for engaging pre and post-reflection between interactive class discussions and tracking progress with wellness goals. Table 2 illustrates how programming is linked and aligned to the teaching practices, objectives, goals, and SLOs in Table 1. Coursework is also summarized in this table.
<table>
<thead>
<tr>
<th>Topics</th>
<th>Class Lectures, Activities, Group Work &amp; Reflective Journaling</th>
<th>Teaching Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Mission, Confidentiality &amp; Groups</td>
<td>Journal Reflection 1: What is your individualized definition of wellness (i.e., what does &quot;being well&quot; look like from your perspective?) What is your definition of self-care? Provide some examples of how you engage in self-care. Identify some social determinants that create barriers to achieving wellness/engaging in wellness practices.</td>
<td>A.1.a, A.1.b, A.1.c, A.1.d, A.1.e, A.2.c, A.2.g, A.4.b</td>
</tr>
<tr>
<td></td>
<td>In-Class Activity 1: Meaning of Wellness</td>
<td>A.6.a, A.6.c</td>
</tr>
<tr>
<td>Dimensions of Wellness</td>
<td>Class Lecture: Overview of various domains of wellness</td>
<td>A.2.c, C.1.a</td>
</tr>
<tr>
<td></td>
<td>Class Discussion: Perceptions of wellness, cultural differences within individualized definitions of wellness and social determinants that create barriers to wellness.</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.3.a, A.3.c, B.2.b, B.3.b, B.3.e</td>
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<tr>
<td></td>
<td>Journal Reflection 2: If you had to add some of your own subcomponents to each wellness domain, what subcomponents would you include? Explain</td>
<td>A.6.a, A.6.c</td>
</tr>
<tr>
<td>Mind Wellness</td>
<td>Class Lecture: The instructor will cover components of mind wellness (brain, stress response, cognition and perception, Heider's Attribution Theory, self-regulation, and mindfulness)</td>
<td>C.1.a, C.1.b</td>
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<td></td>
<td>Journal Reflection 3: Think about the last time you felt overwhelmed with stressors. Describe physiological responses/changes in your behavior then (based on what you can recall or were aware of). How would you define effective coping vs. ineffective coping? Describe your current practices for coping with stress. Would you label those practices as effective coping or ineffective coping strategies? Explain your answer.</td>
<td>A.2.e, A.6.a, A.6.c, B.3.a, B.3.c, D.1.c</td>
</tr>
<tr>
<td>Psychological Hardiness</td>
<td>Class Lecture: The instructor will cover the Psychological Hardiness Model and cognitive restructuring.</td>
<td>A.2.c, D.1.a, D.1.b, D.1.c, D.1.d, D.1.e</td>
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<tr>
<td></td>
<td>Class Discussion: Physiological and psychological responses to stress and burnout, ineffective coping methods, and the impact of unmanaged strain on personal well-being and academic performance. Students will also be able to practice cognitive restructuring using example scenarios provided by the instructor.</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.3.a, B.2.b</td>
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<tr>
<td></td>
<td>Journal Reflection 4: Describe a time in life when you were faced with a significant transition or stressful situation that felt challenging or unmanageable (choose a situation you may feel comfortable discussing later in small groups). Explain your perception of the challenge and how you approached it then. What aspects of the situation were out of your control? Were there aspects of the situation that you had control over? If so, identify them. Was this challenge a situation where transformational coping may have been helpful? Explain your answer.</td>
<td>A.2.e, A.6.a, A.6.c, B.3.i, D.1.a</td>
</tr>
<tr>
<td>Emotion Wellness</td>
<td>Class Lecture: The instructor will cover Emotional Wellness (components of emotional intelligence, emotional regulation, effective ways to communicate feelings, and the link between emotions and health).</td>
<td>A.2.c, C.1.a, C.1.b</td>
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<tr>
<td></td>
<td>Journal Reflection 5: Consider scenarios/events where you experienced negative feelings. Identify the specific emotions that you felt during that time. Try to pinpoint and identify components of the situation that may have triggered those negative feelings. How do you generally manage and express negative emotions? Describe your perception regarding how previous coping methods have been effective/ineffective for you.</td>
<td>A.2.e, A.6.a, A.6.c, D.1.a</td>
</tr>
<tr>
<td>Topics</td>
<td>Class Lectures, Activities, Group Work &amp; Reflective Journaling</td>
<td>Teaching Objectives</td>
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<tr>
<td>Body Wellness Physical Health</td>
<td>Class Lecture: The instructor will discuss physical activity/exercise and how it affects the brain and mental health. Class Discussion: Students will explore different types of exercise and motivational hypotheses. Journal Reflection 6: Reflect on a time when you were more active than usual. When you engaged in physical activity, did you recognize any changes in your mood, attention/focus, or physical health? If so, what changes did you realize? In class, we discussed various motivation hypotheses. Identify one that best fits you.</td>
<td>A.2.a, A.2.b, A.2.c, C.1.a, C.1.b, D.1.e</td>
</tr>
<tr>
<td>Body Wellness Nutrition &amp; Body Image</td>
<td>Class Lecture: The instructor will discuss nutrition and the connection between food and physical/mental health. Class Discussion: Challenges/barriers to maintaining balanced nutrition, media literacy, and its influence on body image. Students will share advertisements from the media and identify various implicit messages that could be interpreted from those advertisements. Homework: Keep a record of your food intake for the following three days (include each item's serving size and nutritional value). Reflect on your energy level and mood each day. Compare your daily intake records to the U.S. dietary guideline recommendations. Did you meet any of these recommendations? Next, research those food items online to see what effects each item has been shown to have on mood and well-being. Then, compare your recorded experiences to your findings. (i.e., did experiences match outcomes in research provided online).</td>
<td>A.2.c, B.1.a, C.1.a, C.1.b, D.1.d</td>
</tr>
<tr>
<td>Spirit Wellness &amp; Connection Wellness</td>
<td>Class Lecture: The instructor will discuss the differences between spirituality and religion. The instructor will also cover connection wellness (social support) and its impact on health. Class Discussion: Students will be encouraged to discuss the ways in which spiritually informs our values, beliefs, and morals, as well as their perceptions of healthy and unhealthy relationships/ boundaries. Journal Reflection 7: Spirituality- Define spirituality in your own terms. Refer to journal entry # 4 (where you reflected on a challenging experience). Were there any spiritual or religious practices that helped or could have helped you through that time? If so, explain. Describe your perception of social support. What behaviors would you associate with socially supportive relationships?</td>
<td>A.2.c, C.1.a, A.2.a, A.2.b, A.2.c, A.3.a, A.3.c, B.2.b, B.3.b, A.2.e, A.6.a, A.6.c</td>
</tr>
<tr>
<td>Indivisible Self Wellness Model</td>
<td>Class Lecture: The instructor will introduce Sweeney and Myer's (2004) IS-WEL Model and 5F-WEL Inventory Class Discussion: Students will share thoughts from the last journal entry regarding their perceptions of spirituality and social support. In-Class Activity 2: Informally Examining Your Wellness Outside Activity: Students will be provided an opportunity to take the Five Factor Wellness Inventory.</td>
<td>A.2.a, A.2.b, A.2.c, C.1.a, C.1.b, A.2.e, A.2.g, B.3.i, C.1.c</td>
</tr>
<tr>
<td>Indivisible Self Wellness Model 5-Wel Inventory</td>
<td>Class Content: The instructor will provide an example of an ISWEL Assessment with results, discuss the Six Stages of Change and provide examples of SMART Goals. Students who completed the 5F-Wel inventory outside of class will be provided opportunities to meet with the instructor to ask questions about the results. In-Class Activity 3: Wellness Wheel</td>
<td>A.2.a, A.2.b, A.2.c, A.4.b, A.2.c, A.2.e, C.1.c</td>
</tr>
<tr>
<td>Topics</td>
<td>PD Programming</td>
<td>Teaching Objectives</td>
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<tr>
<td>Journal Reflection 8: Define self-awareness. How is self-awareness related to self-care practices and wellness? If we are unaware of our needs and impact on others, how could that lack of awareness impact our health and professional responsibilities? In a previous class, we discussed how burnout (lack of personal care) impacts personal wellness. How could burnout impact a helper's professional roles and responsibilities (i.e., the care they provide)?</td>
<td>A.2.e, A.6.a, A.6.c</td>
<td></td>
</tr>
<tr>
<td>Self-awareness, Self-Care, &amp; Wellness Plans</td>
<td>Class Content: Self-awareness and Self-Care</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.3.a, A.3.c, A.4.c, A.5.a, B.2.a, B.2.b, B.3.a, B.3.b, B.3.c</td>
</tr>
<tr>
<td>Class Discussion: Self-awareness, self-care, burnout, and professional ethics. Students will explore burnout symptoms and ways it can impact one's professional life. Additionally, students will discuss their understanding of MHPs' ethical obligations to implement consistent self-care practices and remain self-aware by engaging in ongoing self-reflection. They will also explore how a lack of self-awareness and self-care relates to effectiveness in one's professional life.</td>
<td>A.2.e, A.2.f, A.2.g, A.4.a, A.4.b, A.5.a, B.3.i, C.1.c</td>
<td></td>
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<tr>
<td>Wellness Plans: Students will be provided an opportunity to create a wellness plan using Personal Wellness Plan Worksheets from the Five Factor Wellness and Habit Change Workbook (Myer &amp; Sweeney, 2006). They will complete the worksheets for one dimension of wellness (i.e., establish one goal). This will take place in the second half of the class period, allowing students to ask questions and collaboratively discuss their goals.</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.2.e, A.2.f, A.2.g, A.4.a, A.4.b, A.5.a, B.3.i, C.1.c</td>
<td></td>
</tr>
<tr>
<td>Outside Activity: Wellness Plans continued - Students will complete Personal Wellness Plan Worksheets for two more wellness factors in the Five Factor Wellness and Habit Change Workbook to establish two more goals. Students will have an opportunity to schedule an individual meeting with the instructor to ensure their goals are reasonable and measurable.</td>
<td>A.2.e, A.2.f, A.2.g, A.4.a, A.4.b, A.5.a, B.3.i, C.1.c</td>
<td></td>
</tr>
<tr>
<td>Group Work Wellness Plans</td>
<td>Session 1: Group work will consist of students introducing themselves, providing a summary of their wellness goals and identifying their current stage of change and where they plan to be in the stage of change at the end of the semester. Students will check in with progress/challenges toward their goals next week. This will provide an accountability measure for the wellness plans. (Note: the instructor reviewed everyone’s wellness goals before the first group meeting).</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.2.e, A.2.f, A.2.g, A.4.a, A.4.b, A.4.c, A.5.a, A.6.b, B.2.b, B.3.b, C.1.a, C.1.b, C.1.c, D.1.b</td>
</tr>
<tr>
<td>Journal Reflection 9: Track progress toward your goals over the next week. Reflect on the process. Identify successes/improvements and/or barriers/setbacks when implementing your wellness goals. Identify thoughts/feelings experienced throughout the process.</td>
<td>A.2.e, A.6.a, A.6.b, A.6.c, B.3.i, C.1.c</td>
<td></td>
</tr>
<tr>
<td>Case Study &amp; Treatment Plan</td>
<td>In Class Activity 4: The instructor will present a case study and class will collaborate to form a treatment plan with instructor assistance.</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.2.e, A.2.f, A.2.g, A.3.a, A.3.b, A.4.a, A.4.c, A.5.a, B.1.a, B.3.i</td>
</tr>
<tr>
<td>Journal Reflection 10: Track progress toward your goals over the next week. Reflect on the process. Identify successes/improvements and/or barriers/setbacks when implementing your wellness goals. Identify thoughts/feelings experienced throughout the process.</td>
<td>A.2.e, A.6.a, A.6.b, A.6.c, B.3.i, C.1.c</td>
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<tr>
<td>Topics</td>
<td>Class Lectures, Activities, Group Work &amp; Reflective Journaling</td>
<td>Teaching Objectives</td>
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<tr>
<td><strong>Group Work</strong></td>
<td><strong>Session 2:</strong> Group work will begin with check-ins regarding progress toward wellness goals. Students will have opportunities to share successes and barriers with implementing their three wellness goals. If students identify problems with implementing goals, the group will explore ways to make adjustments/overcome challenges in the future/ reframe negative thoughts. The group will also support and encourage each other.</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.2.e, A.2.f, A.2.g, A.4.a, A.4.b, A.4.c, A.5.a, A.6.b, B.2.b, B.3.b, B.3.d, C.1.a, C.1.b, C.1.c, D.1.b</td>
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<tr>
<td>Wellness Plans</td>
<td><strong>Journal Reflection 11:</strong> Track progress toward your goals over the next week. Reflect on the process. Identify successes/improvements and/or barriers/setbacks when implementing your wellness goals. Identify thoughts/feelings experienced throughout the process.</td>
<td>A.2.e, A.6.a, A.6.b, A.6.c, B.3.i, C.1.c</td>
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<tr>
<td><strong>Careers, Values &amp; Awareness</strong></td>
<td><strong>In-Class Activity 5 and 6:</strong> Career Values and Case Vignette. The entire class will meet this week. Students will complete a values inventory that will provide them with a character strength profile. Then, they will research a career of interest to explore how their individual values align with those generally associated with that career. The instructor will also present a case example for students to apply ethics to a case vignette concerning helper self-awareness and intercultural responsiveness.</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.2.e, A.2.f, A.2.g, A.3.a, A.3.b, A.3.c, A.4.a, A.4.b, A.4.c, A.5.a, A.6.a, A.6.b, A.6.c, B.2.a, B.2.b, B.3.b, B.3.f, B.3.g, B.3.h, B.3.i</td>
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<td><strong>Journal Reflection 12:</strong> Track progress toward your goals over the next week. Reflect on the process. Identify successes/improvements and/or barriers/setbacks when implementing your wellness goals. Identify thoughts/feelings experienced throughout the process.</td>
<td>A.2.e, A.6.a, A.6.b, A.6.c, B.3.i, C.1.c</td>
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<tr>
<td><strong>Group Work</strong></td>
<td><strong>Session 3:</strong> Groups will continue assessing progress towards goals/sharing challenges/making adjustments/practicing cognitive restructuring/exploring opportunities for growth/providing feedback and support.</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.2.e, A.2.f, A.2.g, A.4.a, A.4.b, A.4.c, A.5.a, A.6.b, B.2.b, B.3.b, B.3.d, C.1.a, C.1.b, C.1.c</td>
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<td>Wellness Plans</td>
<td><strong>Journal Reflection 13:</strong> Track progress toward your goals over the next week. Reflect on the process. Identify successes/improvements and/or barriers/setbacks when implementing your wellness goals. Identify thoughts/feelings experienced throughout the process.</td>
<td>A.2.e, A.6.a, A.6.b, A.6.c, B.3.i, C.1.c, D.1.b</td>
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<td><strong>Group Work</strong></td>
<td><strong>Session 4:</strong> Groups will continue assessing progress towards goals/sharing challenges/making adjustments/practicing cognitive restructuring/exploring opportunities for growth/providing feedback and support.</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.2.e, A.2.f, A.2.g, A.3.b, A.3.c, A.4.a, A.4.b, A.4.c, A.5.a, A.6.b, A.6.c, B.3.b, B.3.d, D.1.a</td>
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<td>Sense of Control &amp; Cognitive Restructuring</td>
<td><strong>Journal Reflection 14:</strong> Track progress toward your goals over the next week. Reflect on the process. Identify successes/improvements and/or barriers/setbacks when implementing your wellness goals. Identify thoughts/feelings experienced throughout the process.</td>
<td>A.2.e, A.6.a, A.6.c, D.1.a, D.1.b</td>
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<td><strong>Group Work</strong></td>
<td><strong>Session 5:</strong> Groups will continue assessing progress towards goals/sharing challenges/making adjustments/practicing cognitive restructuring/exploring opportunities for growth/providing feedback and support.</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.2.e, A.2.f, A.2.g, A.3.b, A.3.c, A.4.a, A.4.b, A.4.c, A.5.a, A.6.b, B.2.b, B.3.b, B.3.d, D.1.a, D.1.b</td>
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<tr>
<td>Sense of Control &amp; Cognitive Restructuring</td>
<td><strong>Journal Reflection 15:</strong> Reflect on your experiences with the group work and with creating and following a wellness plan this semester. Describe challenges and areas of improvement. What are some things that worked/did not work? Identify ways that you plan to continue prioritizing wellness after you have completed this course.</td>
<td>A.2.e, A.6.a, A.6.b, A.6.c, B.3.i, C.1.c</td>
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Table 2 cont.

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<thead>
<tr>
<th>Topics</th>
<th>Class Lectures, Activities, Group Work &amp; Reflective Journaling</th>
<th>Teaching Objectives</th>
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<tr>
<td>Group Work Wellness Plans &amp; Reflection</td>
<td>Session 6: Each student will share progress/challenges with wellness plan. The group will reflect on experiences. Additionally, they will engage in self-assessment to show awareness of the improvements made throughout the process. Students will also reflect on their experiences with the other areas of personal development. Additionally, group members will explore ways to continue prioritizing wellness in the future. The instructor will provide feedback.</td>
<td>A.2.a, A.2.b, A.2.c, A.2.d, A.2.e, A.2.f, A.2.g, A.4.a, A.4.b, A.4.c, A.5.a, A.6.a, A.6.b, B.2.b, B.3.b, C.1.c, D.1.b</td>
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<td>Resources</td>
<td><strong>In-Class Activity 7:</strong> Developing a Resource Guide- Students will work together/collaborate to create a resource guide.</td>
<td>A.2.c, B.3.i</td>
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<tr>
<td>Quizzes</td>
<td>Students will have online quizzes on the course textbook material in the second half of the semester.</td>
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Methodology

This research study focused on undergraduate psychology students’ journey through a health and wellness course that incorporated psychological hardiness concepts, SA interventions, and wellness training into coursework using a TLT pedagogy and TT methods. The TL process can be studied by examining personal narratives (Clarke & Braun, 2013). Because individuals learn through “constructing and reconstructing” stories to draw out meaning from their experiences (Brooks & Clark, 2001), a narrative storytelling approach can help provide a deeper understanding of the intended transformational process. Previous literature has also asserted that storytelling has a specific place in teaching and inside the classroom (Macintyre, 2002). To illustrate, Dunne (2003) described educators and students as characters in a story constructed by events and experiences and playing an instrumental role in creating the storyline.

Furthermore, Dunne (2003) emphasized that “it is for this reason that research in teaching is best served by narrative modes of inquiry; to understand a teacher’s practices (on her own part or on the part of the observer) is to find an illuminating story (or stories) to tell of what she has been involved in with her students” (p.367). Hence, a narrative inquiry methodology was used in
this study to investigate the TL experiences of undergraduate psychology students who completed a fifteen-week course that provided them with opportunities to focus on various aspects of their personal development. Specifically, the researcher explored students’ TL experiences by examining the narratives that they created when sharing their experiences.

The research conducted this study at a regional university in the Southeast; purposeful sampling was used to select students who met the required criteria. To participate in the study, students had to: 1) be a psychology major, 2) have a desire to pursue a graduate degree in a helping-related program or pursue a bachelor-level job in a helping-related field upon graduation, 3) have completed Psychology 377, a fifteen-week health and wellness course, in the Fall 2023 semester. The researcher recruited the participants after finalizing course grades to eliminate potential concerns that decisions not to volunteer could impact their grades. There were twenty-one students enrolled in the wellness course. Seven participated in the study.

The informed consent explained the purpose of the study to coincide with ethical research practices. Data collection methods included semi-structured interviews. Clarke and Braun’s (2013) reflexive approach to thematic analysis was used to find themes in the participants' interviews. This approach had six phases: “familiarization with the data, coding, searching for themes, reviewing themes, defining and naming themes, and the write-up” (Clarke and Braun, p.121). The interview protocol contained four questions and eight sub-questions (See Appendix D).

**Research Questions**

The research questions included:
1. How would undergraduate students describe their journey through a fifteen-week wellness course incorporating individual and group interventions focusing on SA development and wellness training as an aspect of personal development?

2. How would students describe changes (if any) in their overall wellness upon completing the course? (i.e., awareness of needs, general functioning, ability to balance things?)

3. When recounting their experiences in the course, how would students convey (if at all) plans for integrating those experiences into their future personal and professional lives?

4. What feedback/ recommendations would the students provide regarding course interventions/ experiential exercises? (i.e., What was helpful, and what was missing?)

Course Structure

The wellness course targeted the following areas of personal and professional development: SA, holistic wellness, coping skills, a growth mindset (i.e., Learning how to evaluate and approach challenges as opportunities for growth), creating socially supportive relationships with reciprocal feedback, professional ethics, and intercultural responsiveness. The course lasted fifteen weeks; two weeks of the semester were excluded due to university holidays. The first seven weeks of the course consisted of lectures, class discussions, and in-class activities to provide students with psychoeducation on SA and holistic wellness. For these weeks, students attended class two days per week. Students were also provided pre- and post-reflective questions about the course material during the first seven weeks to stimulate awareness development by engaging in self-exploration, self-reflection, and processing their experiences.
In weeks five and six, students completed an informal wellness assessment with a self-rating scale. Then, they completed Myer and Sweeney’s (2005) Five Factor Wellness Inventory (5F-WEL) to assess their wellness formally. Next, they created individualized wellness plans to implement outside of class for the remainder of the semester. Particularly, they selected three third-order wellness factors from the IS-WEL model for the wellness plans and created one SMART goal for each with the instructor's assistance.

Once wellness plans were established, the course structure shifted to group work. The students participated in wellness groups for six weeks. Since twenty-one students were enrolled in the course, they were divided into two separate groups of ten and eleven students each. The groups were conducted during the standard class period. Each group met one day a week for ninety minutes. On the dates when students were not assigned to attend class in person, they completed online quizzes for the assigned textbook.

When the groups started, the students shared their goals with their group members. Then, they focused on sharing successes and barriers with implementing their wellness goals each week. In between group meetings, students tracked their wellness plan progress using their reflective journals. When students identified challenges with implementing goals, their group members offered support and encouragement and helped them explore strategies to adjust goals and creatively approach challenges in the future. Students also practiced cognitive restructuring to reframe self-defeating thoughts and criticism during the group work.

**Student Welfare and Confidentiality**

To provide students with a safe space to openly express themselves, the self-exploration activities, self-reflective journals, wellness plans, and group work were not a part of the assessed measures in the course. Participating and sharing personal information during groups and class
discussions was voluntary. Moreover, there was no punitive action for students who chose not to share personal information during group work, class discussions related to wellness training, or their reflective journal entries. Since the psychology course required assessed measures, the instructor included assignments such as but not limited to online quizzes covering the course’s textbook material, a case study and treatment plan activity, career research, a resource guide, etc.

Confidentiality is another critical component to address when engaging in group work. Although it cannot be guaranteed in group work, it is necessary to confront the potential risks. To increase feelings of safety in the classroom, the instructor also emphasized maintaining confidentiality for group discussions by outlining concerns on the course’s home page and facilitating a class discussion about mutual respect and privacy.

Limitations and Delimitations

A delimitation of this study is that only some aspects of the PH model will be implemented rather than its entirety. Therefore, implementing the entire training may be helpful for future research. Another delimitation of the study will be that students will not complete the entire Five Factor Wellness and Habit Change Workbook (Myer & Sweeney, 2006). For this study, the instructor had students focus on creating goals for three third-order wellness factors they tracked throughout the semester. Thus, having students complete the entire workbook and develop goals for every third-order wellness factor would also be helpful for future research.

A limitation of the study will be that the self-report interviews may not capture students’ actual implementation of wellness plans (i.e., perceptions may not translate to reality).

Assumptions of the Study

Assumption 1: The students will share their stories openly and honestly.
Assumption 2: The wellness activities will encourage students to reflect on their experiences.

Assumption 3: The students will understand the concepts related to wellness.

Assumption 4: The students will understand how a lack of SA can impact one’s professional role.

Assumption 5: The students will understand burnout and how it can impact personal functioning and effectiveness in professional practice.

Assumption 6: The students will understand that growth can be experienced in the face of challenges.

**Definition of Terms**

**Burnout** is a syndrome characterized by emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment (Maslach et al., 1996).

**Compassion Fatigue** is the emotional and behavioral cost of caring for and empathetically supporting a client who has experienced a major life trauma or significant personal crisis (Figley, 1995).

**Graduate Students/ Master’s Students** are individuals who obtained a bachelor’s degree and are pursuing a higher degree (Education USA, 2023).

**Indivisible Self Wellness Model** (IS-WEL) is an evidence-based model that demonstrates holism as the foundation of human wellness (Myers & Sweeney, 2004).

**Mental Health Professionals** are master-level healthcare professionals trained to evaluate a person’s mental health and use therapeutic techniques specific to their training programs (NAMI, 2020).
**Personal development**, “or self-improvement, consists of activities that develop a person’s capabilities and potential, build human capital, facilitate employability, enhance their quality of life, and facilitate the realization of dreams and aspirations” (Cambridge, 2020).

**Psychological Hardiness** is a constellation of attitudes, beliefs, and behavioral tendencies that consist of three components: commitment, control, and challenge; a personality trait that positively affects individuals’ performance, health, and mood in stressful situations (NIH, 1999; 2022).

**Resilience** is the process and outcome of successfully adapting to complex or challenging life experiences, primarily through mental, emotional, and behavioral flexibility and adjustment to external and internal demands (APA Dictionary, 2023).

**Self-awareness** is understanding one’s values, beliefs, life experiences, and worldview (Pieterse et al., 2013); it involves being conscious of one’s thoughts, feelings, behaviors, attitudes, bias, assumptions, unresolved issues and understanding how these factors impact the counseling relationship (Pieterse et al., 2013). It requires acknowledging one’s limitations and seeking support when necessary (CACREP, 2009).

**Transformational Learning Theory** is an adult model of learning that provides a theoretical lens to inform the pedagogy of educators seeking to provide professional development through increasing student self-reflection and self-awareness, as it focuses on instructing students in ways that promote self-awareness and personal growth (Fazio-Griffith & Ballard, 2016).

**Transformational Teaching** represents an attempt to “increase students’ mastery of key course concepts while transforming their learning-related attitudes, values, beliefs, and skills” (Slavich & Zimbardo, 2012, p.596).
**Undergraduate students** are students at colleges or universities working toward obtaining bachelor’s degrees (Merriam-Webster, 2023).

**Wellness** “is an active process through which people become aware of, and make choices toward, a more successful existence” (NWI, 2023).

**Vicarious Trauma** is the emotional residue of exposure to traumatic stories and experiences of others through work, witnessing fear, pain, and terror that others have experienced, a preoccupation with horrific stories told to the professional (ACA, 2016).
CHAPTER II

Review of the Literature

Chapter Two will provide a comprehensive examination of the literature, specifically tailored to the needs of graduate and undergraduate students, educators, and professionals in Psychology and Counselor Education. It will also detail all the study’s conceptual framework components, including Transformational Learning Theory, Transformation Teaching, the Psychological Hardiness Model for Performance and Health Enhancement, and the Indivisible Self, an Evidence-Based Model of Wellness. Next, it will cover the following biological models of stress: Cannon’s (1992) fight-or-flight response, Hans Selye's (1976) General Adaption Syndrome (GAS), and the Diathesis-Stress Model. Then, it will define and discuss the following dimensions of wellness: mind, emotion, body, spirit, and connection. Further, it will address social determinants of health and cultural considerations for wellness promotion.

The literature review in Chapter Two will also examine the existing literature on MHPs’ wellness, the ethical standards stipulated by their professional associations, and previous studies observing SA and wellness in graduate students. Additionally, it will discuss existing literature outlining graduate program standards and expectations for graduate students. Next, it will underscore the typical stressors graduate students experience during their training and the potential risks associated with graduate students’ lacking SA and coping resources. Then, it will investigate the effectiveness of past graduate training on wellness and stress reduction.

Chapter Two will also review APA Centers for Workforce data specifying undergraduate psychology students’ pathways post-graduation, American College Health Association Data outlining recent mental health concerns in undergraduate students, and previous studies examining undergraduate student wellness and academic performance. Then, it will address APA
curriculum guidelines 3.0 and review other related APA instructional resources. Finally, Chapter Two will outline recommendations for undergraduate wellness promotion.

The following section will delve into the conceptual framework by providing a comprehensive understanding of each theory and how they were combined to create this study's teaching model, psychology course programming, and research questions.

**Conceptual Framework**

**Psychological Hardiness**

Indeed, life is a “stressful phenomenon;” individuals face constant demands and changes associated with development, life events, and additional stressors brought on by society’s inflicted “megatrends” (Maddi, 2013). According to Kobasa (1979), “A life event is defined as stressful if it causes changes in, and demands readjustment of, an average person’s routine” (p.2). Whether minor or major, life transitions increase stress, disturb one’s typical performance, and necessitate physical, cognitive, and behavioral resources (Maddi & Khoshaba, 2011). Further, particular challenges can sometimes prevent individuals from improving their situation when they are ill-equipped with resources to cope with and manage life challenges effectively (Maddi & Khoshaba, 2011).

Drawing from Hans Selye's (1956) physiological model of stress, Kobasa (1979) proposed that individuals who sustain healthy functioning when experiencing elevated stress levels have a differentiating personal style compared to individuals who fall ill in response to stress. This proposed personality variable was termed hardiness, and the construct was built on the following concepts: “the theorizing of existential psychologists (Kobasa & Maddi, 1977; Maddi, 1975) on the strenuous of authentic living, White (1959) on competence, Allport (1955)
on appropriate striving, and Fromm (1947) on productive orientation” (as cited in Kobasa, 1979, p. 3).

Maddi and Kobasa demonstrated the power of the hardness personality structure with findings from their longitudinal study of 450 managers over 12 years. Specifically, the study showed that participants with hardy personality structures thrived and sustained optimal health and functioning by perceiving rapid change as opportunities for growth (Maddi, 2011; Maddi & Khoshaba, 2011). Further, as a result, psychological hardiness became known as a personality construct that positively influenced individuals’ functioning, well-being, and disposition during strenuous circumstances (Maddi, 2011; Maddi & Khoshaba, 2011). Figure 1 below represents Maddi’s (2004) Hardiness Model for Performance and Health Enhancement; it illustrates the pattern of results obtained from the twelve-year longitudinal study (Maddi & Kobasa 1986, 2004).

**Figure 1**

*Psychological Hardiness Model for Performance and Health Enhancement*
To explain, the upper section of the model considers individuals’ stress vulnerability and total acute/chronic stressors (Maddi & Khoshaba, 2011). Acute stressors include life changes such as unanticipated disturbances that persist briefly, whereas chronic stressors can involve an ongoing lack of congruence between what an individual desires and receives (Maddi & Khoshaba, 2011). Unfortunately, when stressful circumstances remain unresolved, acute and chronic stressors accumulate, and the brain begins to register them as threats and then communicates them to the body as such. Consequently, the body becomes hyper-aroused (Maddi & Khoshaba, 2011). This arousal is what Cannon (1929) termed the fight-or-flight response.

Consistently remaining in a state of hyperarousal causes persistent strain on bodily resources. Accordingly, if strain is excessive and prolonged, it will eventually diminish one’s physical and psychological resources. Hans Selye (1976) referred to this as the exhaustion stage of the General Adaptation Syndrome. Subsequently, once one’s physical and psychological resources become depleted, wellness breakdown occurs, and performance diminishes (Maddi & Khoshaba, 2011; Maddi, 2013). Furthermore, wellness breakdown also increases individuals’ susceptibility to numerous physical illnesses and can lead to the development of mental health disorders and other psychosocial and emotional-related challenges (Maddi, 2013; Selye, 1976).

The top box inside Maddi’s model illustrates how signs of breakdown typically occur along the lines of one’s genetic vulnerabilities (Maddi, 2011). In other words, the model explains how prolonged physical symptoms of strain can also activate degenerative diseases such as heart disease, cancer, diabetes, osteoporosis, and arthritis, as well as other heritable diseases (Maddi & Khoshaba, 2011). It is important to note that the health-related consequences of mounting strain will be unique to the individual experiencing it based on their genetic predisposition (Maddi, 2011). Also, notably, this portion of Maddi’s model aligns with the diathesis-stress model, which
contends that illnesses are caused by an interaction between genes and one’s environment (Harrington, 2013).

Next, the four bottom boxes of Maddi’s model (Figure 1) consist of the essential attitudes and strategies that must be executed to keep stress under control, remain resilient, and increase health and functioning (Maddi, 2013). When combined and implemented, Maddi’s (2004) hardy attitudes and strategies can buffer strain and help individuals survive stressful changes. Further, individuals can learn to thrive and transform their circumstances once they have cultivated the tools necessary to approach their stressful circumstances as growth opportunities (Maddi, 1994; Maddi, 2004).

According to Maddi (2013), this phenomenon first involves acquiring specific skills and a “pattern of learned attitudes” called the three Cs of hardiness: challenge, commitment, and control. These attitudes comprise the Hardy personality structure. Finally, the last three boxes include the hardy strategies that act as stress resistance resources (Maddi & Khoshaba, 2011). These hardy strategies will be defined and discussed in the subsequent section.

**Hardy Strategies**

Maddi (2011) referred to the following “hardy” strategies as facilitators of development: “hardicoping, hardy social interactions, and hardy self-care” (p. 9).

**Hardy Health Practices, also known as “Hardy Self-Care,”** aid in decreasing and moderating strain levels (Maddi, 2011). Although this may be true, acquiring self-care practices alone cannot directly resolve circumstantial factors generating strain. Engaging in hardy self-care practices aids in reducing strain to a manageable level to facilitate the hardy coping process and prevent wellness decline (Maddi, 2011). In other words, “hardy self-care” helps individuals maintain an optimal level of arousal “so that there is enough energy to carry out the hard work of
hardy coping and socially supportive interactions, but not so much energy that the careful, ongoing work involved in coping and social interactions is impossible” (Maddi, 2011, p. 15).

To engage in “hardy self-care,” one must prioritize physical well-being by using relaxation techniques, fueling the body with nourishing foods, and exercising regularly (Maddi, 2013). Specifically, when in a hyperarousal state, exercise aids in burning up unnecessary energy, nutrition helps control cravings, and relaxation techniques calm the body. Meanwhile, hardicoping and hardy social support are required to resolve the circumstances producing strain while shifting the focus to turn them into learning opportunities (Maddi, 2011).

Hardicoping is considered the most “direct” and “effective” method for reducing strain (Maddi, 2013). Further, individuals can reduce their stressors by acquiring cognitive restructuring skills and adequately using these techniques to transform adversities into advantages or learning opportunities (Maddi & Khoshaba, 2011). Effectively engaging in hardicoping requires evaluating problems accurately and pinpointing the factors contributing to strain to establish an appropriate action plan for ameliorating stressful conditions (Maddi, 2013).

The opposite of Hardicoping, regressive coping, involves reacting with denial and avoidance or envisioning oneself as a “victim” in the face of challenges (Maddi, 2011). These ineffective coping mechanisms distract one from accumulating stressors (Maddi & Khoshaba, 2011). Individuals who approach stressful challenges with denial are more likely to overindulge in activities that are exciting and pleasurable. For instance, they may shop excessively, purchase unnecessary things, frequently gamble, or spend countless hours on social media or streaming TV shows. On the other hand, individuals who engage in the latter form of regressive coping, victimization, are more likely to respond with anger and feel inclined to pursue vengeance.
(Maddi, 2013). This reaction often results from perceiving normal pressures associated with life circumstances as purposefully inflicted by rivals.

According to Maddi (2011), “At the mental level, neither denial nor victimization leads to learning and wisdom. And, at the action level, neither avoidance nor striking back improves one’s living situation” (Maddi, 2011, p. 298). Further, denial stifles one’s ability to learn and grow, and avoidance behaviors interfere with one’s potential to discover meaning and contentment in life (Maddi, 2013). Conversely, when individuals can cope in a transformational way, it expands their capacity to cognitively appraise stressors effectively, heightens self-understanding, increases growth, and enhances performance (Maddi & Khoshaba, 2011). Thus, they are more adept at navigating challenging circumstances. Supportive interactions with family, friends, and other significant relationships can also aid in buffering stress (Maddi & Khoshaba, 2011).

**Hardy Social Support** involves creating meaningful relationships and engaging in reciprocal support through providing and receiving encouragement and assistance to work together to solve stressful circumstances (Maddi, 2011). Whether giving or receiving this type of support, one must also be able to distinguish and dismiss (in oneself and others) “overprotection or competition,” imitating something supportive (Maddi & Khoshaba, 2011). Not only does behaving in an “overprotective or competitive” manner (whether overtly or covertly) toward others eventually cause conflict, but it can also communicate that one feels superior (Maddi, 2011). Being overprotective of significant others robs them of autonomy and initiative. Meanwhile, being competitive (even subtly) can interfere with others’ ability to recognize their full potential (Maddi & Khoshaba, 2011).
Indeed, the three hardy strategies discussed above are essential in turning stressors into advantages. However, it is important to note that the ability to engage in problem-solving (hardicoping) can be discouraged or prevented when accumulating stressors impact one’s motivation to maintain self-care practices (Maddi, 2011). Thus, “Hardy Attitudes (challenge, control, and commitment) and Hardy Social Support are needed to motivate to carry out Hardicoping and Hardy Health Practices” (Maddi & Khoshaba, 2011, p.10).

The 3 Cs of Hardiness Attitudes

Hardy Attitudes involve three beliefs one upholds about oneself “in interaction with the world” (Maddi & Khoshaba, 2011, p.10). When times get tough, challenge helps individuals accept that stressors are a normal part of life, commitment helps them maintain involvement with the things happening around them, and control aids them in finding ways to turn aspects of their situation into advantages (Maddi, 2011).

Challenge: People who are strong in this area “believe that what makes life worthwhile is to continue to grow in knowledge and wisdom through what is learned from experience (whether positive or negative)” (Maddi & Khoshaba, 2011, p.11). Moreover, they perceive stressful situations as opportunities for growth and strive to obtain fulfillment through learning and growing from their experiences. Further, they also believe lessons can be learned from successes and failures (Maddi, 2013). In contrast, the opposite of this attitude assumes that one is entitled to “easy comfort and safekeeping (Maddi, 2011).

Control: People who are strong in “control” believe they can affect the course and outcome of their life situations (Maddi & Khoshaba, 2011). When faced with adversity, these individuals strive to pinpoint situational factors within their control and persist in finding ways to try to influence the events around them. Moreover, they search for growth opportunities during
hardships (Maddi, 2011; Maddi, 2013). Markedly, individuals high in control are also less likely to accept that they are powerless because they believe it is pointless to become passive and disengage (Maddi, 2011).

**Commitment**: People who are firm in “commitment” believe that they can “increase the interest, value, and importance” of the things that they are engaged in by connecting themselves deeply to the people and maintaining involvement with events around them (Maddi & Khoshaba, 2011, p.11). Thus, individuals who possess a strong sense of commitment are less likely to allow themselves to become “detached” or feel “alienated” when encountering trials (Maddi, 2011).

*Connecting Hardy Attitudes and Strategies*

For individuals to continue developing and achieving growth, stressful transitions must be perceived as learning opportunities rather than foreboding. (Maddi, 2013). The four bottom boxes in Maddi's model form an "interlocking lifestyle system" where "changes in one box synergistically influence changes in other boxes" (Maddi & Khoshaba, 2011, p. 12). In other words, when hardy attitudes are cultivated and combined, they interact to produce existential courage (Maddi, 1998). The existential courage gained through cultivating the three Cs of hardy attitudes is crucial in motivating individuals to employ the hardy strategies of "problem-solving coping, socially supportive interactions, and beneficial self-care" during periods of adversity (Maddi, 2013, p.7). In short, the goal of acquiring hardy attitudes and strategies is to learn how to pinpoint stressors and take the actions necessary to continue flourishing in one's development.

**Lacking Hardy Attitudes**

It is important to note that possessing only one of the hardy attitudes will not produce the existential courage one needs to do the hard work to facilitate development (Maddi, 2011). For instance, individuals who are only strong in control may feel the need to try and exert control
over everything around them. Moreover, they may be less likely to put energy into gaining awareness from their experiences or getting involved in things they perceive as a waste of time (Maddi, 2011). Additionally, these individuals will be more susceptible to experiencing the following feelings in relation to a perceived loss of control: impatience, frustration, detachment, and resentment (Maddi, 2013). Lastly, when individuals are high in control and lack other essential hardy attitudes, they are more vulnerable to viewing themselves and their knowledge as superior to others (Maddi, 2011).

On the other hand, individuals who are solid in commitment but weak in control and challenge may allow others to define them, never realizing their influence on their experiences and exchanges with others. According to Maddi (2011), individuals who are only firm in commitment may also be less likely to attain a true "sense of meaning" or identity due to centrally focusing on others. Further, they are more likely to struggle to adapt to change (Maddi, 2013). Contrarily, individuals who are strong in challenges and weak in control and commitment would most likely resemble thrill seekers who crave adventure and risk (Maddi, 2013). Further, they may be easily distracted by newness and have less control over their impulses (Maddi, 2013).

**Developing Hardy Attitudes in Childhood**

According to various scholars' psychological hardiness can be learned (Khoshaba & Maddi, 1999; Maddi & Kobasa, 1984; Maddi et al., 2002; Maddi et al., 2009b; Maddi, 2011; Maddi, 2013). Maddi (2013) related that hardiness can be developed in childhood through interactions with caregivers. To illustrate, influential adults must encourage children to understand that life is stressful by nature and teach them that tackling challenges requires a
willingness to learn and a desire to grow. Further, adults must emphasize that growth is achievable in failures, just as in successes (Maddi, 2011).

First, nurturing an attitude of commitment involves caregivers expressing warmth and caring and showing support and acceptance to their children (Maddi, 2013). Moreover, cultivating this attitude also requires caregivers to be receptive to and encouraging of their child's exchanges and relationships with themselves and others (Maddi, 2013). Second, control is developed through accomplishing goals and is stimulated when caregivers provide challenging experiences for their children to master various tasks. Conversely, when duties are too simple, they can interfere with a child's ability to gain a sense of achievement. Similarly, if responsibilities are too complex, children are more "likely to fail and feel powerless" (Maddi, 2013, p. 26).

Third, caregivers must teach children not to perceive transitions and challenges as threats in order to help foster an attitude of challenge. Further, they must model to their children "how to make the best of things" (Maddi, 2013, p.26). Accordingly, if caregivers adequately provide these needs while their children develop, they will be more likely to view their environment as a safe space to learn, discover their strengths, and flourish (Maddi, 2013).

**Developing Hardy Attitudes in Adulthood**

Although existing literature has indicated that it is better to acquire hardiness during childhood, Maddi (2011) purported that individuals can develop hardiness in adulthood through a specialized HardiTraining program. Notably, there have been decades of hardiness theorizing, researching, and practicing substantiating this claim (Maddi, 2013, p. 29). Previous studies have demonstrated that this hardiness training has been effective in helping students develop the resilience needed to sustain performance when faced with academic stressors (Khoshaba &
Maddi, 1999; Maddi & Kobasa, 1984; Maddi et al., 2002; Maddi et al., 2009b; Maddi, 2011; Maddi, 2013). Maddi’s HardiSurvey assessment and HardiTraining programs are accessible through the Hardiness Institute. Multiple organizations, businesses, and colleges have used these resources.

Maddi (2013) emphasized that hardiness training should be provided in the school setting to sufficiently prepare students to manage ongoing disruptive changes and learn to thrive in the face of challenges. When implemented in the college environment, the target is usually primary or secondary prevention because students are at a developmental stage where roles and responsibilities become more demanding and complex, causing strain to accumulate (Maddi, 2013). To detail, students at this stage often report stressors associated with shifting relationship dynamics with caregivers, establishing a sense of belonging and connections with peers in their new, unfamiliar environment, and finding their career direction (Maddi, 2013). Concerning training for schools, primary prevention would target individuals who "have not yet encountered the level of stresses that threaten to undermine them but are likely to in the future" (Maddi, 2013, p. 39). In contrast, secondary prevention is for individuals at risk of developing impairments "but have not yet undergone health or performance decrements" (Maddi, 2013, p. 39).

**Academic Hardiness**

According to Maddi (2011), students entering the academic environment who do not possess a hardy personality will lack appropriate coping resources for effectively approaching the stressful circumstances that accompany the major transition into the college environment. Moreover, they will struggle to adapt to changes geared toward enhancing their learning experience. As a result, these students will be at a higher risk for experiencing psychological distress, disruptions in cognitive functioning, and overall wellness breakdown during their
academic journey (Maddi, 2011). Conversely, students who have already cultivated hardy personalities will remain motivated and possess the skills necessary to employ hardy strategies in the face of academic challenges (Maddi, 2011). Further, they will perceive academic pressures and ongoing change as opportunities to grow and facilitate personal development (Maddi, 2011).

Intriguingly, educators can inspire hardy attitudes and strategies in college students whose parents did not provide the support and encouragement needed to develop a hardy personality in childhood (Maddi, 2013). For example, educators can help students make positive changes by demonstrating faith in them, normalizing that the academic environment can be stressful, teaching them problem-solving skills, and encouraging social connections with peers and mentors (Maddi, 2011). Educators can also be intentional about how they target students' personal development with coursework. Moreover, they can provide students with challenging activities to increase mastery and opportunities to process their experiences through integrative class discussions (Maddi, 2013).

It is pertinent to note that instructors must provide feedback and support during this process. These instructional elements are crucial to students' growth, just as much as the verbal engagement among students (Maddi, 2013). Constructive feedback helps students identify their strengths and weaknesses. Meanwhile, modeling healthy communication and empathetic understanding can aid in improving student comprehension of what healthy interactions should entail. In essence, students will be more likely to pursue meaningful, fulfilling relationships with a healthy perception of social support. Further, when students are well-equipped with the skill set to build socially supportive relationships, those connections can provide the necessary courage and motivation to overcome academic demands (Eschleman et al., 2010; Maddi & Khoshaba, 2005).
Considering that avoiding challenges can hinder growth potential, Maddi (2013) asserted that instructors must also discourage students' impulses to distract themselves from stressors. At the same time, they must also promote and facilitate chances for students to cultivate self-care practices and problem-solving techniques. Ultimately, once students have learned to engage in problem-solving coping, healthy self-care, and supportive interactions, the feedback provided for the practical application of these new practices will also aid in strengthening hardy attitudes (Maddi, 2011).

**HardiTraining**

According to Maddi and Khoshaba (2011), hardiness training involves five lifestyle components. These "components strengthen performance, leadership, morale, conduct, and health resistance," and they "act powerfully to buffer you against stress, strain, and ineffective performance" (p. 12). Table 3 details Maddi and Khoshaba's (2011) HardiTraining lifestyle components and learning outcomes.

<table>
<thead>
<tr>
<th>Components</th>
<th>Learning Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>HardiCoping</td>
<td>Recognize acute and chronic stresses.</td>
</tr>
<tr>
<td></td>
<td>Learn to solve problems by achieving perspective and understanding and taking decisive action.</td>
</tr>
<tr>
<td></td>
<td>Apply feedback obtained from successful problem-solving to strengthen Hardy Attitudes.</td>
</tr>
<tr>
<td>Social Support</td>
<td>Learn to communicate constructively.</td>
</tr>
<tr>
<td></td>
<td>Learn to extend and acquire supportive assistance and encouragement.</td>
</tr>
<tr>
<td></td>
<td>Develop conflict resolution skills.</td>
</tr>
<tr>
<td></td>
<td>Use feedback from applying social support skills to increase Hardy Attitudes.</td>
</tr>
<tr>
<td>Relaxation</td>
<td>Recognize physiological signs of strain.</td>
</tr>
<tr>
<td></td>
<td>Learn to decrease physiological arousal by mastering the following techniques: deep breathing, muscle relaxation, and meditation.</td>
</tr>
<tr>
<td></td>
<td>Apply feedback from increased relaxation to deepen Hardy Attitudes.</td>
</tr>
</tbody>
</table>
Table 3
Maddi and Khoshaba’s Five Lifestyle Components of Hardy Training

<table>
<thead>
<tr>
<th>Components</th>
<th>Learning Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>Become aware of eating habits that do not adequately fuel the body and adversely impact performance. Improve physical fitness and mood through a diet balanced in carbohydrates, protein, and fat. Use the feedback from eating healthier to enhance Hardy Attitudes.</td>
</tr>
<tr>
<td>Exercise</td>
<td>Identify physical habits. Boost fitness by focusing on the frequency, duration, intensity, and specificity of physical activity. Utilize feedback from healthy physical fitness to fortify Hardy Attitudes.</td>
</tr>
</tbody>
</table>

For this study, the researcher integrated some lifestyle components and learning objectives provided by Maddi and Khoshaba’s (2011) training model (See Table 3 above) into the teaching model and programming designed for the wellness course (See Tables 1 and 2 in Chapter One).

Argument for Incorporating a Wellness Model

Change seekers desire a life filled with stimulating experiences and have investigated their environment well (Kobasa, 1979). As a result, they know where and how to attain resources to help them cope with life stressors. Moreover, they are "predisposed to be cognitively flexible," which allows them to incorporate and effectively appraise their circumstances (Kobasa, 1979, p. 4). According to Ohrt et al. (2019), students' ability to set goals, overcome challenges, and thrive during adversity is impacted by their capacity to sustain a healthy balance within the wellness domains. Significantly, "students' academic and career concerns (mind wellness) are interconnected with family and school support (connection wellness) and their personal goals, beliefs, and values (spiritual wellness)” (Ohrt et al., 2019, p. 261).
Further, crisis circumstances often develop from distress associated with emotions (emotion wellness), academic-related worries (mind wellness), sustaining relationships (connection wellness), or issues health-related concerns (body wellness) (Ohrt et al., 2019). In other words, the interconnections between the wellness domains are never-ending. Assessing students' overall well-being and helping them set goals and acquire skills to address the interrelationships between their wellness domains is crucial to enhancing their performance (Ohrt et al., 2019).

Above all, a holistic approach to wellness can help individuals maintain a healthy, fulfilling lifestyle. According to Myers and Sweeney (2004), the whole person must be explored to understand wellness fully. Granted that some components of hardiness training involve teaching transformational coping (hardicoping), hardy self-care practices (relaxation, nutrition, and exercise), and hardy social support, other integral skills and practices can also aid in optimizing one's wellness. In simpler terms, holistic wellness encompasses several dimensions besides those outlined in the Psychological Hardiness model.

Therefore, the integration of a unique wellness model, which incorporates a multidimensional approach to wellness and the PH model, could equip students with a comprehensive understanding of their well-being. This innovative framework could assist them in identifying areas of their wellness that require attention, establishing a clear path for tracking progress with goals, and fostering resilient mindsets that empower them to turn challenging experiences into opportunities for growth. With this in mind, the Indivisible Self Evidence-Based Wellness model by Myers and Sweeney (2004) was introduced into the study's conceptual framework and integrated into the programming for the wellness course.
Indivisible Self: An Evidence-Based Model of Wellness

Utilizing an evidence-based wellness model can play a vital role in providing individuals with psychoeducation concerning wellness. At the same time, it is an excellent tool for MHPs to incorporate in their practice with clients. Additionally, it can aid educators in informing students about wellness.

Development of the IS-WEL Model

Sweeney and Witmer (1991) established the original Wheel of Wellness based on Adler's theories of individual psychology. Alfred Adler "proposed that holism (the indivisibility of self) and purposiveness were central to understanding human behavior and that such understanding required" an "emphasis on the whole rather than the elements, the interaction between the whole and parts, and the importance of man's social context" (Ansbacher & Ansbacher, 1967, p.12; Myers & Sweeney, 2004, p. 236).

The original wellness model, a product of the integration of Adler's three major life tasks of love, friendship, and work and Mosak and Dreikurs's (1967) two of self and spirit, was a significant milestone. Mosak and Dreikurs' (1967) additional recommendations, which were based on the belief in self and spirit, were also instrumental in understanding Adlerian theory (Myers & Sweeney, 2004). The first wellness model initially contained seven sub-tasks in the self-direction life task. However, Myers et al. (2000) enhanced the model by expanding the self-direction life task to include twelve sub-tasks. At that time, spirituality was considered the core of the model and the most vital component.

The subtasks associated with self-direction were the following: a sense of worth, a sense of control, realistic beliefs, emotional awareness and management, problem-solving and creativity, a sense of humor, nutrition, exercise, self-care, stress management, gender
identity, and cultural identity. Sweeney and Witmer (1991) referred to these tasks as spokes in a
wheel that "may be seen as the infrastructure of the self which provides stability and balance to
understanding, predicting, and managing one's external, social life tasks" (p. 531). Specifically,
these combined self-directed tasks work together to cultivate self-management, which is essential
to meeting Adler's three main life tasks: love, friendship, and work (Myers et al., 2004).

On the outside circle of the wellness wheel, seven life forces surround the major life
tasks: government, community, family, religion, education, business/industry, and media. These
life forces were depicted as components affecting personal wellness. Additionally, global forces
were defined as contexts that influenced the individual.

The Wellness Evaluation of Lifestyle (WEL) was developed to evaluate the components
associated with the Wheel of Wellness model (Myers, 1998; Myers et al., 1996). According to
Myers and Sweeney (2004), seven studies were conducted over several years to continue
improving the WEL inventory (Hattie et al., 2004; Myers, 1998). Although specific properties of
the instrument were supported in their research, "the data did not support the hypothesized
circumplex model" in their final analysis (Myers & Sweeney, 2004, p. 235). As a result, the
Indivisible Self model of Wellness (IS-WEL) illustrated in Figure 2 was developed (Myers &
Sweeney, 2004).

According to Myers and Sweeney (2004), support for the updated model was provided
"from the initial maximum likelihood exploratory factor analysis for the 17 discrete scales of the
WEL, or the 17 discrete components of the wheel (i.e., five life tasks—work, leisure, friendship,
love, and spirit—and 12 subtasks of self-direction, rather than the composite or sum of the self-
direction tasks)" (p. 235-236). In other words, the new evidence-based wellness model was
informed by their previous research which led to the identification of one unidimensional higher
order factor called "wellness" and 17 scales (third order factors) that were separated into five 
second-order factors.

**Figure 2**

*The Indivisible Self- An Evidence-Based Model of Wellness*

Adlerian Theory provided the underpinnings that aided in reexamining and interpreting 
their data, leading to a final conceptualization of wellness as both "a higher order factor and 
seemly indivisible factor and as a factor composed of identifiable subcomponents, which was the 
original hypothesis made by Myers, Sweeney, and Witmer" (Myers et al., 2004, p.3). Adler's 
philosophy also created a foundation for understanding and describing the five second-order 
factors that compromise the "self": essential self, social self, creative self, physical self, and 
coping self (Myers & Sweeney, 2004). As a result of the "statistical analyses (i.e., exploratory 
and confirmatory factor analyses), each of the 17 third-order factors was included (statistically) 
in one, and only one of the second-order factors" (Myers & Sweeney, 2004, p.237). Definitions 
for the third-order factors are provided in Table 4.
Second and Third Order Factors

The essential self encompasses four third-order factors: spirituality, self-care, gender identity, and cultural identity. Spirituality brings meaning and purpose to one's life and is associated with longevity. Next, gender and cultural identity inform how individuals perceive their life experiences. These aspects of identity also affect individuals' "essential meaning-making processes" concerning life, self, and others, in addition to how individuals experience each other. Finally, self-care involves engagement in strategies that optimize health and well-being (Myers & Sweeney, 2004).

The creative self comprises five third-order factors: thinking, emotions, control, positive humor, and work. Individuals' thoughts influence the variety of emotions that they experience. Concurrently, emotions also affect an individual's cognitions. Next, control is one's perception of their influence over life events. Positive humor is known to have a "pervasive influence on physical and mental functioning" (Myers & Sweeney, 2004, p.237). Lastly, work is a necessary element that enhances fulfillment and adds purpose to one's life.

The coping self involves four third-order factors: realistic beliefs, stress management, self-worth, and leisure. These components help one regulate responses to life situations and provide the tools to help rise above adversity (Myers & Sweeney, 2004). First, irrational beliefs can cause one to experience many disappointments in life. Second, self-worth can be enriched through acquiring coping skills to manage life's challenges and gaining self-efficacy through experiencing success (Myers & Sweeney, 2004). Third, leisure is also necessary for optimizing wellness as it opens "pathways to growth in both creative and spiritual dimensions" (Myers & Sweeney, 2004).
The social self encompasses two third-order factors: friendship and love. Close friendships and intimate relationships can enhance one's life. Moreover, prior research has confirmed that meaningful relationships increase longevity and improve mental health (Myers & Sweeney, 2004). On the contrary, isolating and alienating oneself from others increases the risk of numerous adverse health consequences (Myers & Sweeney, 2004).

The physical self is comprised of two third-order factors: exercise and nutrition. According to Myers and Sweeney (2004), these factors are heavily endorsed and often emphasized over the other essential components of wellness. However, research has demonstrated that people who live longest engage in exercise and maintain a well-balanced diet (Bernaducci & Owens, 1996; Myers & Sweeney, 2004).

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Indivisible Self Wellness Model Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Creative Self</strong></td>
<td><strong>Third order Factors</strong></td>
</tr>
<tr>
<td>Thinking</td>
<td>Engaging in activities that stimulate the mind; remaining curious; the ability to be creative, experimental, and problem-solve (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td>Emotion</td>
<td>Being aware of and able to identify one's emotions; being able to express, regulate and cope with one's emotions healthily (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td>Control</td>
<td>How individuals perceive their ability to control events in life; feeling competent (Myers &amp; Sweeney, 2004).</td>
</tr>
<tr>
<td>Positive Humor</td>
<td>Being able to laugh at one's mistakes; using humor when accomplishing work, even when trying to complete demanding tasks; accurately perceiving contradictions in life and finding ways to cope with them effectively (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td>Work</td>
<td>Being content with and secure in one's job; recognizing one's talents and abilities; being able to put skills to good use; feeling that one's work is appreciated and manageable (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td><strong>Coping Self</strong></td>
<td><strong>Realistic Beliefs</strong></td>
</tr>
<tr>
<td>Stress Management</td>
<td>The ability to assess one's coping resources and effectively use them to cope with stress; balancing one's time and energy in a manageable way; being able to establish and maintain boundaries with others; perceiving change positively (Myers &amp; Sweeney, 2005).</td>
</tr>
</tbody>
</table>
Table 4 cont.

*Indivisible Self Wellness Model Factors*

<table>
<thead>
<tr>
<th>Second-order Factors</th>
<th>Third-Order Factors</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping Self</td>
<td>Self-Worth</td>
<td>Accepting oneself and recognizing good qualities, value, and worth; feeling confident in oneself; being authentic with oneself and others (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td>Leisure</td>
<td></td>
<td>Feeling content in one's leisure time activities; having at least one activity in which one experiences &quot;flow;&quot; creating balance between work and leisure time; not feeling guilty setting work aside (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td>Social Self-</td>
<td>Friendship</td>
<td>Creating and maintaining social relationships others whom one does not have &quot;marital, sexual, or familial commitments&quot; with; being able to empathize and extend trust to others; having supportive friends; feeling competent in one's social skills (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td>Love</td>
<td></td>
<td>&quot;The ability to be intimate, trusting, self-disclosing with another; the ability to express affection with significant others and to others' affection without conditions&quot; (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td>Essential Self</td>
<td>Spirituality</td>
<td>Practicing personal beliefs and behaviors as part of a recognition that a world exists beyond oneself; &quot;belief in a higher power; having hope and optimism; practicing prayer or meditation; finding one's life purpose in life; being compassionate; possessing moral values (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td>Self-Care</td>
<td></td>
<td>Being proactive about maintaining one's wellness through using self-care consistently and using preventative measures. (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td>Gender Identity</td>
<td></td>
<td>Satisfaction and appreciation for one's gender (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td>Cultural Identity</td>
<td></td>
<td>Satisfaction and appreciation for one's cultural identity: being able to engage with individuals from other cultural backgrounds and one's own (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td>Physical Self</td>
<td>Exercise</td>
<td>Engaging in adequate physical activity and exercise to sustain one's health (Myers &amp; Sweeney, 2005).</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
<td>Maintaining a well-balanced diet with foods that fuel and nourish the body (Myers &amp; Sweeney, 2005).</td>
</tr>
</tbody>
</table>

These dimensions of wellness intersect and interact (Myers & Sweeney, 2004). Thus, growth in one wellness area can positively influence others (Myers & Sweeney, 2004).

**Five-Factor Wellness Inventory**

During the wellness course, students completed Sweeney and Myer's (2005) Five Factor Wellness Inventory (FFWEL) to gain insight into their current wellness practices. The FFWEL
inventory is an evidenced-based tool used to assess personal characteristics as a basis for helping individuals make healthier lifestyle choices. It measures the higher-order wellness factor (the indivisible self), five second-order factors (the creative self, coping self, social self, essential self, and physical self), and seventeen third-order factors (Sweeney & Myers, 2005).

The inventory scales are measured using 73 scored items and a few experimental items, including perceived safety, observed wellness, and context scales. Additionally, demographics are considered. Further, the 73 scored items "reflect specific attitudinal and behavior statements and 18 additional experimental items for a total of 91" (Myers et al., 2004, p.4). Responses are obtained through self-report using a 5-point Likert scale. Upon completing the assessment, individuals receive scores for the 17 third-order factors, the higher-order wellness factor, and a combined score of all the items (Myers et al., 2004). Each of the 17 third-order factors can also be assessed informally using the Five Factor Wellness and Habit Change workbook (Myer & Sweeney, 2005).

The FFWEL inventory was incorporated into the wellness course so that students could effectively assess their wellness, use the results to create and implement wellness plans, and track their progress throughout the semester. Sections of Sweeney and Myers' (2005) Five Factor Wellness and Habit Change workbook were also used to assist students with developing their wellness plans.

Figure 3 below illustrates the connections between the Psychological Hardiness (PH) model and the Indivisible Self Wellness (IS-WEL) model. Additionally, it highlights the additional components that each model possesses in contrast with the other.
Transformational Learning Theory

Transformative Learning Theory (TLT), an adult learning theory, was developed by Jack Mezirow in 1978. The traditional definition of Transformational Learning is a process that leads to a profound shift in perspective during which habits of the mind become more open, more permeable, more discerning, and better justified (Mezirow, 2000). According to Mezirow’s theory, humans develop habits of mind and habitual expectations and make meaning based on these habits. Experiences that shake up these habits encourage critical reflection and expand self-knowledge (Cranton, 2016). Individuals then question assumptions and perspectives critically absorbed from family, community, and culture (Cranton, 2016). Thus, adults learn best when their frames of reference are challenged (Mezirow, 2000).

There are several ways to foster this process and provide learning experiences that will challenge how learners view themselves and issues in the world around them (Cranton, 2016). Any activity that leads individuals to see something from a different point of view can act as a consciousness-raising activity (Cranton, 2016). Practicums in professional education have long
been used to encourage learners to explore themselves in new ways. Another way to promote critical reflection and expand self-knowledge is through integrating learning activities such as role plays, critical debates, case studies, simulations, and life histories into course content.

Ideal conditions for transformational learning include "a safe, open, and trusting environment that allows for participation, collaboration, exploration, critical reflection, and feedback" (Mezirow, 2000, p. 154). Educators with a TLT teaching philosophy strive to help learners gain self-knowledge and explore alternative ways of thinking by articulating and examining beliefs and assumptions previously assimilated without questioning (Cranton, 2016). Additionally, they act as facilitators working toward cultivating an environment that feels physically and psychologically safe for students (Knowles, 1980). Moreover, they aspire to create an atmosphere conducive to learner empowerment. Above all, they abandon "traditional teaching roles and become intellectual coaches or change agents, creating dynamic relationships in the classroom that give way to students' personal and professional growth" (Fazio-Griffith & Ballard, 2016, p. 227).

**Transformational Teaching**

TLT provides a theoretical lens to inform the pedagogy of educators seeking to provide professional development through increasing student self-reflection and self-awareness, as it focuses on instructing students in ways that promote self-awareness and personal growth (Fazio-Griffith & Ballard, 2016). Indeed, personal competence is developed by and through reflection (DiVirgilio, 2018), and counselor preparation that has included contemplative practices has demonstrated that students exhibit increased therapeutic presence, self-compassion, and self-awareness (Cigrand, 2020). Reflective and exploratory activities can provide an experiential platform for increasing meaningful growth (Guiffrida, 2005). Moreover, purposeful pedagogical
strategies can assist counselor educators in incorporating instructional methods that provoke insight, self-awareness, and self-understanding (Minton et al., 2014). Transformational learning outcomes have included acting differently, having a deeper self-awareness, and experiencing a profound shift in worldview (Stuckey et al., 2014).

Slavich and Zimbardo (2012) proposed a model for transformational teaching. They identified the following theoretical underpinnings of transformational learning (TL):
"constructivism, social constructivism, social cognitive theory, intentional change theory, and transformational leadership" (p. 581). Drawing from these theoretical perspectives, Slavich and Zimbardo (2012) outlined the basic following principles for instructors engaging students in TL: "facilitate students' acquisition and mastery of key course concepts, enhance students' strategies and skills for learning and discovery, and promote positive learning-related attitudes, values, and beliefs in students" (p. 581).

In addition to the basic principles, Slavich and Zimbardo (2012) identify the following six core methods for transformational teaching: "establishing a shared vision for the course, providing modeling and mastery experiences, intellectually challenging and encouraging students, personalizing attention and feedback, creating experiential lessons that transcend the boundaries of the classroom, and promoting ample opportunities for pre-flection and reflection" (p.582). These six core methods offer practical recommendations for applying TLT to instructional strategies.

Connections

Transformational Learning Theory, the TT principles and core methods, elements of Maddi’s (2004) Psychological Hardiness for Performance and Health Enhancement model, and Myers and Sweeney’s (2004) Indivisible Self Evidenced-Based Wellness model were combined
to construct this study’s conceptual framework. Simultaneously, this framework provided a foundation for creating the teaching model and PD programming for the wellness course and research questions outlined in this study. First, TLT offered the structure for developing instructional methods to help cultivate a safe and trusting environment conducive to learner empowerment. Essentially, this teaching pedagogy was used in the study’s wellness course to give students a space within the educational environment to focus on their personal and professional development.

Next, because students' emotional well-being and perception of challenges significantly impact their learning and development, and individuals with better emotional well-being are more likely to remain optimistic in stressful situations when trying to achieve personal goals (APA, 2020), the PH model was used as a tool to help students develop the necessary attitudes and skills to reframe stressful challenges as learning opportunities. Concurrently, considering that students' ability to set goals, overcome obstacles, and thrive during challenging times is impacted by their capacity to maintain healthy well-being (Ohrt et al., 2019), a wellness model was also incorporated as it could be crucial in helping students acquire vital wellness practices. In summary, elements of the PH model were blended with the IS-WEL model in the study’s course PD programming to help students learn transformational coping skills, enhance their awareness and motivation for change, allow them to reflect on themselves holistically, and procure wellness practices tailored to their needs.

To address wellness promotion, it is essential first to examine and understand the biological models of stress and the various domains of wellness and how these domains intersect and interact.

**Biological Models of Stress**
A 2015 APA survey showed that approximately one in four people rated their stress level at an “8” or higher on a scale of 1-10 (APA, 2016). This data underscores the pervasive nature of stress in our society, making it crucial to understand the biological models of it.

**Fight-or-Flight Response**

Cannon (1932) presented the concepts of homeostasis and the fight-or-flight response. The fight-or-flight response, a state of hyperarousal, is a physiological reaction affecting multiple bodily systems and is triggered by situations that an individual perceives as stressful or threatening. When this response is triggered, the autonomic nervous system is activated.

The autonomic nervous system contains a sympathetic division and a parasympathetic division. Once aroused, the sympathetic (SNS) division prepares the body for action, engaging several resources through activating organs and glands from the following systems: cardiovascular, muscular, gastrointestinal, respiratory, dermal, hormonal, and sensory (Harrington, 2013).

When individuals experience a situation that is perceived as threatening, the “brain stem alerts the limbic system to kick into survival mode” (Ohrt et al., 2019, p.51). The hypothalamus, which connects to the adjacent pituitary gland, tells it to send messages to other parts of the body (Ohrt et al., 2019). Then, it signals the adrenal glands to release the hormones adrenaline and cortisol, which provide the energy and strength needed to fight, flee, or freeze (Ohrt et al., 2019).

Because humans are not meant to operate in a state of hyperarousal indefinitely, the parasympathetic system (PNS) is responsible for taking over and calming the body after the SNS has been active for a while (Spielman et al., 2022). When the PNS takes over, it returns the body to a state of equilibrium (homeostasis), stabilizing and self-regulating the biological systems.
It is critical to note that symptoms brought on by the fight-or-flight response harm one’s overall health (Harrington, 2013). Moreover, when individuals undergo chronic stressors, they remain in a constant state of hyperarousal, causing their endocrine system to release cortisol continuously. Too much cortisol can lead to many health problems (Spielman et al., 2022). Further, although the body’s natural stress response is excellent at helping humans survive in extreme situations, remaining in a consistent state of chronic stress for extended periods has “extremely deleterious effects on health and well-being” (Ohrt et al., 2019, p.52).

**General Adaptation Syndrome**

Expanding on Cannon’s research, Hans Selye (1956) introduced the notion of the General Adaptation Syndrome (GAS), providing a more systematic understanding concerning the physiology of stress (Harrington, 2013). According to Selye (1956), when humans are first exposed to a threat, they react with “alarm by activating the adaptive fight-or-flight response.” Hence, when an individual experiences physiological arousal, it is known as the alarm stage.

Following this stage, the PNS tries to return the body to homeostasis. Conversely, suppose an individual is subjected to ongoing chronic stress. In that case, the fight-or-flight response is repeated, and the bodily systems involved start paying an increasing cost, referred to as the allostatic load. The continuous damage caused by the overuse of resources provided by different physical systems, including the immune system, eventually drives that individual into Selye’s second stage, the resistance stage. In the resistance stage, the body does not receive a clear signal to stabilize and return to normal functioning. As a result, stress hormones are continuously released, which causes blood pressure to remain high and can further lead to injury and impaired immune system functioning. The third stage of GAS is exhaustion, where organ systems fail, escalating the risk of developing diseases and eventually death (Harrington, 2013).
Diathesis-Stress Model

Another biological model used to conceptualize stress, the diathesis-stress model, implies that illnesses are caused by an interaction between biology (genes) and an individual’s environment. Individuals are born with a genetic predisposition to certain diseases and disorders. However, although individuals may be vulnerable to certain illnesses, that does not necessarily mean they will develop any. Specifically, ongoing adverse, stressful experiences within one’s environment trigger the development of these genetic predispositions.

Noteworthy, although the fight-or-flight response is beneficial for survival, individuals experience multiple chronic stressors on a day-to-day basis (e.g., anxiety and pressure associated with work, financial struggles, trying to manage and balance academic demands). Thus, acquiring a holistic wellness practice is imperative to buffer strain and maintain health.

Holistic Wellness

Wellness is “an active process through which people become aware of, and make choices toward, a more successful existence” (NW1, 2023); 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 (Myers et al., 2000, p. 252); a lifestyle and a personalized approach to living life in a way that allows you to become the best kind of person that your potentials, circumstances, and fate will allow” (Ardell et al., 1999, p.1).

Dimensions of Wellness

Ohrt et al. (2019) examined five domains of wellness, mind, body, spirit, emotion, and connection, to capture the multidimensional nature of holistic wellness.

Mind Wellness
Mind wellness “is conceptualized as the positive interaction among genes, neurobiology, experiences, thoughts, and emotions to strengthen the neural circuitry that supports wellness” (Ohrt et al., 2019, p.48). Mind wellness is a critical domain to focus on when improving wellness because it is intricately woven into the other dimensions of wellness (Ohrt et al., 2019). An individual’s practices and modes of thinking (cognition), acting, and responding often interfere with their strides to improve wellness (Ohrt et al., 2019). Cognition is the “mental act of knowing or acquiring knowledge from one’s perceptions, attitudes, and beliefs” (Ohrt et al., 2019, p. 60).

When individuals refer to mind-body separation, they typically allude to the concept that the mind and the biological being are separate. Nevertheless, the body and mind are intricately connected. Thus, there are complex interactions that take place between one’s body and mental well-being. These complex interactions are illustrated by the several changes that transpire in developmentally foreseeable ways as the human brain develops from childhood into adulthood. For example, when children experience neuron growth when the brain transitions from “proliferating to pruning” between the ages of six and twelve, the body also undergoes hormonal changes associated with puberty (Ohrt et al., 2019). Additionally, the human brain is not completely developed until age twenty-five. Moreover, the “orbitofrontal cortex (home of executive functions- planning, setting priorities, organizing thoughts, suppressing impulses, weighing the consequences of one’s actions) is the last part of the brain to be pruned and shaped to its adult dimensions” (Ohrt et al., 2019, p. 61).

Considering that the intricate relationship between one’s “emotions, behaviors, and thoughts” also has an immeasurable influence on one’s well-being, a critical element of mental wellness involves self-regulation (Ohrt et al., 2019). Self-regulation is understanding and
managing one’s thoughts, emotions, reactions, and behaviors. First, individuals must become aware of their biological stress responses to learn how to self-regulate. Second, they must learn to identify and recognize their triggers, bodily sensations, and physiological reactions.

When individuals become aware of these reactions, they can empower themselves by learning to regulate their reactivity. Furthermore, as they learn to regulate, they begin to feel a sense of control over their cognitions, emotions, and behaviors (Ohrt et al., 2019). By learning helpful methods to respond to stressors, people “utilize neuroplasticity to wire in greater resilience and decrease the power of stressors that trigger reactivity” (Leitch, 2017, p. 8).

Ohrt et al. (2019) identified the following recommendations for improving mind wellness: “learning the basics of the brain to cultivate a sense of control over one’s mind, developing flexible and realistic beliefs and goals (cognitive and behavioral strategies), affirming positive thinking and coping mechanisms, insight awareness, self-monitoring, and regulation and developing and practice coping strategies” (Ohrt et al., 2019, p. 65).

**Emotional Wellness**

Emotional Wellness "encompasses individuals’ identification, regulation, expression, and cultivation of emotions in self and others” (Ohrt et al., 2019, p.117). Mayer and Salovey (1997) identified emotional intelligence as the ability to perceive accurately, appraise and express emotions, access and generate feelings when facilitating thought, and understand and regulate emotions to promote emotional and intellectual growth” (p. 10). An essential element of mental health (mind wellness) includes effectively pinpointing, monitoring, and managing emotions (Ohrt et al., 2019). Further, regulating emotions is highly associated with healthy emotional well-being, which is critical to achieving healthy adjustment (Gross, 2015; Ohrt et al., 2019).
Humans can experience a wide range of emotions on a day-to-day basis. Granted that recognizing and communicating one’s authentic feelings are associated with maintaining healthy well-being, individuals must also learn to use strategies to regulate and adjust emotions to navigate everyday interactions with others in a socially acceptable manner and to maintain healthy relationships (Ohrt et al., 2019). According to Gross (2015), Emotional regulation involves “a particular type of interaction between valuation systems, one that occurs when one valuation system (a “second-level” valuation system) takes another valuation system (a “first-level” valuation system, i.e., one that is generating emotion) as its input, evaluates it either negatively or positively, and activates action impulses that are intended to modify the activity of the first-level valuation system” (p.130). Gross and John (2003) discussed two strategies for regulating emotions: cognitive reappraisal and expressive suppression.

Cognitive reappraisal involves one’s ability to reframe thoughts about specific situations to change the emotional response one will experience (Gross & John, 2003). Expressive suppression involves suppressing behaviors that are associated with one’s emotional expression, and it is a response-focused strategy that is usually immediately executed when one becomes emotionally triggered. Research has emphasized the use of cognitive reappraisal over the latter because expression suppression has been associated with lower life satisfaction and optimism and higher rates of depression (Gross & John, 2003). Conversely, DeFrance and Hollenstein (2017) argued that it is beneficial for individuals to acquire a range of emotion-regulation strategies to choose from when navigating different situations. For example, suppression may be needed in certain social situations to maintain peace (Ohrt et al., 2019). Therefore, having the capacity to select the most suitable emotional regulation strategy based on the type of situation appears to necessitate a higher level of emotional intelligence (Ohrt et al., 2019).
Problems with emotional regulation have been linked to “psychological and physical health problems” (Gross, 2015). Moreover, physical health can be significantly impacted by individuals’ emotional experiences and the strategies enacted in an attempt to cope (Ohrt et al., 2019). For example, suppressing negative emotions has been associated with “bodily stress and increased blood pressure” in some individuals (Butler et al., 2009). Additionally, turning to stress-reducing behaviors such as indulging in drinking alcohol and consuming saturated fats frequently when stressed can create “strong neural connections between emotionally charged events and dopamine-releasing quick fixes,” causing an automatic impulse to use these unhealthy coping strategies each time one experiences negative emotions (Ohrt et al., 2019, p. 121). For example, Anton and Miller (2005) found that individuals who reported frequent experiences with negative emotions were more likely to consume higher amounts of saturated fats and alcohol.

Another example of physical health being affected by emotional regulation is the higher risk for cardiovascular disease in individuals who experience anger and hostility and are unable to manage it (Harrington, 2013). Additionally, research has shown that neuroticism is a predictor of stress and a wide range of health risks. Individuals with the neuroticism personality trait “experience emotional liability, a general sense of vulnerability, and negative affect (Harrington, 2013, p.177). Sul’s and Martin’s (2005) neurotic cascade model illustrates five interconnected processes that individuals who score high in neuroticism engage in that cause a cascade of negative emotions.

The first process, hyperactivity, explains various theories that have emphasized that individuals high in neuroticism respond to stressors with exaggerated negative emotions due to a biological predisposition to be more sensitive to negative stimuli and have higher arousal levels (Harrington, 2013). This process has been associated with Gray’s (1982) theory that a brain
mechanism, the Behavioral Inhibition System (BIS), is responsible for these exaggerated responses (Harrington, 2013). Second, differential exposure involves individuals construing circumstances that lead them to experience more difficulties and adverse events.

Third, differential appraisal relates that when individuals are highly neurotic, they are more inclined to assess situations in a negative context (high primary appraisal) and doubt their capacity to use coping skills to prevail over challenges (low secondary appraisal). Fourth, mood spillover involves cycling between rumination and negative emotions long after an event. Finally, the sting of familiar problems comprises only being able to envision one solution to a problem.

Thus, ineffective solutions are used continuously in individuals who score high in neuroticism. At the same time, when these individuals become aware that they are continually experiencing the same problems, instead of testing out fresh solutions, they accept the failed attempts as validating their feelings of helplessness (Harrington, 2013). These strategies are termed “disengagement” and are ineffective coping strategies (Harrington, 2013) that increase health risks. Neuroticism has been linked to internalizing disorders (i.e., anxiety, mood) and physical health risk for early mortality (Harrington, 2013). Interestingly, it is also “highly negatively correlated” with Maddi’s personality construct, psychological hardiness, which was discussed in this study’s conceptual framework (Harrington, 2013, p. 204).

Accordingly, one’s emotional wellness can significantly impact other areas of one’s functioning. Moreover, “emotional experiences can invoke physiological responses and have implications for our short-term and long-term physical health” (Ohrt et al., 2019, p.130). Openly expressing one’s emotions has positive physical and mental health advantages. Some specific emotional processes linked to wellness include happiness, optimism, hope, and forgiveness (Ohrt
et al., 2019). For instance, feelings of hope have been negatively correlated with illness (Richman et al., 2005), and positive mood characteristics have contributed to longevity and well-being (Diener & Chan, 2011). Additionally, research has shown that happy people are healthier overall; they are more likely to connect with significant others, be productive employees, volunteer, contribute to charity, and be imaginative problem solvers (Ohrt et al., 2019).

Optimism can help individuals remain positive during taxing and challenging life circumstances (Ohrt et al., 2019). Furthermore, it has also been linked to the following outcomes: psychological well-being, life satisfaction, and positive affect (Chang, 2009). Likewise, hopefulness has been linked to those same outcomes (O’Sullivan, 2011). Similarly, it appears that forgiveness also has several psychological, physical, and spiritual benefits (Ohrt et al., 2019). Specifically, forgiveness is a conscious, thoughtful choice to let go of resentment or bitterness toward an individual’s wrongdoing, regardless of whether we think the individual merits forgiveness (Ohrt et al., 2019).

According to Ohrt et al. (2019), most of one’s emotional experiences are the outcome of, or are motivated by, one’s “spiritual beliefs, personal values, and culture” (Ohrt et al., 2019, p.130). Significantly, intentionally “finding and experiencing positive emotional awareness can be transformative” (p.128). It is also necessary to note that effectively employing emotional regulation strategies requires cognitive and behavioral techniques. Also, relationships can be impacted by one’s capacity to accurately identify, effectively regulate, and express emotions and recognize and adequately respond to other’s feelings (Ohrt et al., 2019).

**Body Wellness**

Ohrt et al. (2019) described body wellness “as growth toward intentional behaviors and thought processes related to integrating how you nourish, move, and express gratitude toward
your body; physical wellness is crucial to our bodies’ optimal health and functioning, and it encompasses external areas of physical health, nutrition, and the internal area of body image” (p. 71).

**Physical Activity and Exercise:** Physical activity is any bodily movement that requires an individual to utilize muscles and energy (Ohrt et al., 2019). On the other hand, exercise is a planned physical activity used purposefully to maintain or improve one’s health and fitness (Ohrt et al., 2019). The Centers for Disease Control and Prevention (2008) recommended sixty minutes or more of daily exercise for children. Additionally, their exercise routine should involve aerobic activity and muscle strength training at least three days per week. Recommendations for adults included either 2.5 hours of moderate-intensity aerobics activity or 75 minutes of vigorous-intensity aerobic each week and two or more days per week of muscle-strength training activities (CDC, 2008).

According to Harrington (2013), Aerobic exercise has many health benefits, such as strengthening the heart and cardiovascular system, reducing body fat, boosting the immune system, combating bone mass loss due to aging and osteoporosis, increasing life expectancy as well and reducing the risk of cardiovascular disease, Type 2 diabetes, and various cancers. At the same time, maintaining regular engagement in physical activity during midlife may protect against dementia in late adulthood (Harrington, 2013). Further, research has shown that exercise affects mental well-being positively in the following areas: sleep, mood, self-esteem, life satisfaction, and cognitive function; it also lowers stress, anxiety, and depression (Biddle & Asare, 2011; Bize et al., 2007).

Neurotransmitters have also been found to play a significant role in individuals’ mental health (Ohrt et al., 2019). To illustrate, Neuroscientists (Boecker et al., 2008; Rovio et al., 2010;
Winter et al., 2007) discovered that exercise increases serotonin (mood), norepinephrine (concentration), dopamine (energy), and endorphins (pain killers). Interestingly, several depression and anxiety medications focus on these same neurochemicals. When people begin to make a conscious effort to increase their physical activity, minor changes in activity begin to create new neural pathways in the brain that can shift one’s thoughts and emotions (Ohrt et al., 2019).

Alex Korb (2015), a neuroscientist, called this chain of reactions “the upward spiral.” Since the brain is such an intricate structure, one tiny action can set another action into motion (Korb, 2015). During exercise, the body releases dopamine and endorphins into the brain, causing an individual to experience happy emotions. Because endorphins are raised in the bloodstream during vigorous exercise, pain sensations are reduced. As a result, individuals experience feelings of euphoria (Harrington, 2013). In addition to the brain sending out these feel-good chemicals during exercise, it also helps the brain remove the harmful chemicals that cause individuals to feel stressed and anxious (Harrington, 2013).

Research has also shown that exercise significantly affects the brain structure itself, particularly in regions most affected by depression and schizophrenia (Harrington, 2013). Additionally, exercise has been shown to promote neurogenesis in the hippocampus (Leasure & Jones, 2008), an area of the brain that is smaller in individuals who experience depression (Ohrt et al., 2019). Noteworthy, findings from Duke University have consistently indicated that physical activity is analogous to antidepressants when used to treat mild to moderate depression (Babyak et al., 2000).

At any rate, studies have continuously demonstrated that exercise reduces negative moods and increases positive effects (Harrington, 2013). Moreover, exercise positively impacts
“physical and mental well-being at the cellular level” (Ohrt et al., 2019, p.73). However, it is essential to note that when exercise is discontinued, these effects are not sustained (Harrington, 2013). Further, a sedentary routine increases the risk of developing depression (Harrington, 2013). Thus, individuals must maintain a minimal exercise threshold to experience the benefits and observe changes in their well-being (Ohrt et al., 2019).

Individuals who struggle with mental illness are more likely to battle with low motivation, which can make it challenging to establish and stay committed to an exercise plan (Harrington, 2013). Ohrt et al. (2019) contended that motivation can be discovered through examining the interconnections between body wellness and the other domains. For example, with mind wellness, exercise offers chances to master experiences, which can lead to a sense of accomplishment and increased self-efficacy. Concerning body wellness, exercise can help improve one’s self-concept and body image. Exercise can also help one connect with nature, leading to positive emotions linked to spiritual wellness. Lastly, exercise can help increase opportunities to connect with others by improving mood and diminishing negative feelings, making it easier to create positive relationships and build connection wellness.

Finally, Harrington (2013) identified the keys to a successful exercise plan: avoiding over-exercising, challenging negative thoughts, seeking out intrinsic rewards, and maintaining a consistent routine. Research has shown that the mental health advantages of exercise are intensified when individuals select activities that are perceived as leisure (versus an inconvenience) and engagement in the activity is voluntary (Leasure & Jones, 2008).

**Nutrition:** Because the brain controls thoughts and movement, breathing, heartbeat, and senses, it requires adequate fuel (Harrington, 2013). Granted that healthy nutrition is essential for memory, mood, and focus, the link between individuals’ diets and health cannot be overlooked


(Harrington, 2013; Ohrt et al., 2019). Significantly, a critical component of wellness is understanding how food impacts individuals’ feelings. When individuals recognize the simple science behind food and body wellness, they can empower themselves by reexamining their relationship with food (Ohrt et al., 2019). Of course, this requires having a fundamental understanding of how food affects health so individuals can view food positively and focus on what it can do for their bodies (Ohrt et al., 2019).

According to Harrington (2013), healthy, well-balanced nutrition supports brain development, helps individuals think more clearly, increases alertness, improves concentration and attention span, boosts immunity, strengthens bones and supports muscles, positively impacts mood and energy, helps digestive system function, lowers the risk of disease, and provides stress relief (Harrington, 2013). Whereas inadequate nutrition reduces immunity, increases the risk of developing a disease, disrupts sleep quality, impairs decision-making ability, slows down reaction time, decreases mobility and stamina, and causes fatigue, lack of energy, problems with retaining and remembering information, and mood fluctuations (Harrington, 2013).

Many individuals’ diets contain excessive amounts of sugar, saturated fats, and processed food (Ohrt et al., 2019). Consequently, these diets can wreak much damage on the body, sometimes leading to a need for prescription medications to fight against damage (Ohrt et al., 2019). When individuals’ diets consist of a lot of highly refined sugars, not only is it harmful to their brain, but it also weakens the body’s ability to regulate insulin. At the same time, it can also cause inflammation (Harrington, 2013). Frequent consumption of these foods also causes the brain to crave them more than nutritional foods. Additionally, individuals are more likely to seek out processed food for comfort when experiencing elevated levels of stress or depression.
Also notable is the Vagus nerve, responsible for digestion, heart rate, and breathing, which physically links the brain and the gut, causing the two to communicate. As a result, the gut can affect an individual’s emotional behavior in the brain, which also illustrates the connection between the mind and body (Harrington, 2013). Finally, research has also shown that unhealthy diets containing substantial amounts of processed foods that are high in fat and sugar during adolescence and adulthood have been linked with disorders such as anxiety and depression (Harrington, 2013).

Sleep: In “free running” experiments examining the amount of sleep adults need to feel well-rested, Nowack (2015) reported that 95% of people slept between 7-8 hours a night, and 2.5% (1 out of 40) only required seven hours of sleep to feel completely rested. Research has shown that insufficient sleep impacts health and performance. When individuals sleep too much or too little and spend most of their days in bed, depression could be a contributing factor (Ohrt et al., 2019). As a result of spending copious amounts of time in bed, these individuals will continually feel depleted, lethargic, and struggle with concentration (Ohrt et al., 2019).

Concerning body wellness, insufficient sleep can also impact weight fluctuations. Moreover, two hormones are associated with appetite, metabolism, and calorie-burning change during sleep (leptin increases and ghrelin decreases) (Nowack, 2015). On the other hand, insufficient sleep decreases leptin production (Nowack, 2015) and leads to weight gain. To illustrate, in a sixteen-year longitudinal study that included 68,000 middle-aged females, Patel (2008) found that women who slept a maximum of five hours per night weighed 5.4 pounds more than women who could sleep seven hours per night. Additionally, 15% of those women who slept less at night were at higher risk of becoming obese (Patel et al., 2008). In another study involving eleven healthy individuals, Nedeltcheva et al. (2009) found that participants
consumed an average of 221 more calories per day in snacks when they slept 5.5 hours per night compared to 8.5 hours a night.

Sleep is also needed for tissue restoration (Adam & Oswald, 1977), stabilization, and memory integration (Scullin & Bliwise, 2015). In Nowack’s (2015) review of the literature on the effects of poor quality/quantity sleep on health and well-being, the following studies revealed that poor quality sleep impaired immune functioning (Lange et al., 2003), increased vulnerability to infectious illnesses (Cohen et al., 2009), caused inflammation (Irwin et al., 2008; Mills et al., 2007), Coronary Artery Calcification (King et al., 2008) and all-cause mortality (Dew et al., 2003; Gallicchio et al., 2009). Other studies have indicated that insufficient sleep weakened information processing skills (Maddox et al., 2009), impaired attention (Doran et al., 2001), diminished work productivity (Hassain & Shapiro, 2002), compromised safety (Mellor & St. John, 2012) and increased absenteeism due to increasing illness (Daley et al., 2009).

Research has also proven that insufficient sleep impacts conflict management skills (Nowack, 2015). For instance, Gordon and Chen’s (2014) two studies examining sleep’s role in interpersonal conflict provided further insight into the connection between sleep and the ability to resolve conflict. Mainly, findings from the first study showed that participants experienced more conflict on days when they had insufficient sleep the night before. Subsequently, their second study revealed that 71 couples were more effective at resolving conflict when both individuals had sufficient sleep (Gordon & Chen, 2014).

**Body Image:** Body wellness cannot be examined without exploring its internal link to mind wellness (Ohrt et al., 2019). Body wellness relates to how individuals perceive their body image. More importantly, thoughts and emotions associated with one’s body image can
considerably impact one’s behavior. Thus, body image must also be explored to assess body wellness thoroughly.

Although body image is linked to the physical body, one’s body image is rooted in the mind (Ohrt et al., 2019). According to Ohrt et al. (2019), “internal processes- such as self-esteem, negative self-talk, internalized constructs of femininity and masculinity, and an unrealistic image of the “thin ideal”- affect the discrepancy between what individuals see in the mirror and what they think they should see in the mirror” (p. 80). In other words, people’s perceptions of themselves are not solely based on what is reflected in the mirror. Moreover, self-perception is also based on an individual’s experiences and feelings and through implicit and explicit messages communicated by others and the media (Ohrt et al., 2019).

Likewise, peer pressure from friends, cultural trends, and diet culture can also impact self-perception. Consequently, one’s perception of body image may be distorted and may lead to other mental health-related concerns (e.g., depression and anxiety). On the contrary, acquiring coping resources, such as cognitive reappraisal and mindfulness exercises, can help reconnect individuals to their bodies to move forward and feel comfortable in their skin (Ohrt et al., 2019).

Media Literacy: The National Association for Media Literacy Education defined media literacy as “the ability to access, analyze, evaluate, create, and act using all forms of communication” (para. 1). This association has underlined the unavoidability of media exposure in an all-consuming technology world. Because media targets people on overly complex multisensory levels, media literacy knowledge is essential to being a productive student, employee, and responsible and competent consumer (Ohrt et al., 2019).

Considering the profound impact that media can have on self-perception, Ohrt et al. (2019) recommend that individuals examine how media influences their wellness (i.e., thoughts,
feelings, and behavior). By acquiring media literacy skills, individuals empower themselves to learn how to “unpack the confusing or conflicting messages and challenging the sexism, racism, sizeism, classicism, homophobia and so forth inherent in certain messages represented in media” (Ohrt et al., 2019, p. 85).

**Barriers to Body Wellness:** It must be distinguished that wellness may not be considered necessary for individuals struggling to meet their basic needs, as individuals can experience a wide range of barriers to wellness when there is a deficit in needs (Ohrt et al., 2019). Ohrt et al. (2019) identified the following obstacles to body wellness: access to role models to teach individuals to perceive themselves in the way that others do, access to time and safe spaces to engage in physical activity without fear, and access to affordable nourishing foods to maintain health and education on those foods. Thus, MHPs must assess factors such as but not limited to food insecurity and financial and environmental barriers when assisting individuals with improving body wellness (Ohrt et al., 2019).

**Spiritual Wellness**

Ohrt et al. (2019) stated that “Spiritual wellness is conceptualized as the process of feeling connected to and searching for meaning, purpose, and awe-inspired relationships with self, others, and the world around us; Spirituality, values, ethics, and morals are delineated as they relate to meaning-making and the role of self as it affects others” (p. 93). Interestingly, Alfred Adler, the founder of individual psychology, believed that spirituality was fundamental and the core of wellness and holism (Myers & Sweeney, 2004).

First, it is essential to distinguish the difference between religion and spirituality. Religion involves belief in a higher power, and each religion contains a set of specific beliefs and rules (Ohrt et al., 2019). Whereas spirituality is “a developmental process that is both active and
passive wherein beliefs, disciplined practice, and experiences are grounded and integrated to result in increased mindfulness (non-judgmental awareness of present experiences), heartfulness (experiences of compassion and love) and soulfulness (connections beyond ourselves)” (Cashwell et al., 2007, p. 67). One’s spirituality is constantly molded by subjective experiences and interactions with people around them. Further, Fowler (1981) expressed that one’s spiritual beliefs are usually complexly entwined with one’s family of origin, culture, and community.

Spiritual wellness involves searching beyond contentment to deeply examine all areas of one’s life to find peace, meaning, and purpose (Ohrt et al., 2019). Individuals can make meaning in their lives by “cultivating gratitude, finding purpose through vocation or service, and connecting with something bigger than themselves, such as nature” (Ohrt et al., 2019, p. 99). Spirituality also inspires and molds an individual’s values and ethics, significantly affecting their school and work behaviors (Ohrt et al., 2019). Hence, finding meaning and purpose in one's vocation accelerates spiritual development (Ohrt et al., 2019).

Although many individuals may not have the luxury of selecting their career due to financial constraints, exploring meaning and purpose within their occupational role can still be helpful as many individuals find meaning, connection, and purpose more through service (Ohrt et al., 2019). Similarly, some individuals search for meaning and purpose by connecting with nature through Eco Wellness (Ohrt et al., 2019). Reese and Myers (2012) defined Eco Wellness as “a sense of appreciation, respect for, and awe of nature that results in feelings of connectedness with a natural environment and the enhancement of holistic wellness” (p. 400). Connecting with nature can bring clarity and perspective, which are not as effortlessly attained in the face-moving, technology-focused real world.
According to Ohrt et al. (2019) review of existing literature, solid spiritual and religious beliefs have been linked to reduced stress levels and improved immune functioning (body wellness) (Koenig & Cohen, 2002); decreased levels of anxiety, depression, and addiction and increased levels of self-esteem and good health (emotion wellness) (Cashwell & Young, 2011; Paragament et al., 2002); the capacity to maintain focus through deep concentration and mindfulness (mind wellness) (Begley, 2007); and conditions that promote well-being such as social support and sense of community (connection wellness) (Hill & Pargament, 2003).

**Connection Wellness**

“Connection Wellness is the experience of interacting with and forming relationships with others through the use of interpersonal skills and resources resulting in increased well-being” (Ohrt et al., 2019, p. 138). Brene Brown defined connection “as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.” Social connection is essential to human existence (Ohrt et al., 2019). Furthermore, individuals learn about themselves through their connections with others.

Research has shown that social support can help improve one’s mindset during difficult experiences and aid in managing challenging emotions (Boyraz et al., 2012). Additionally, there is evidence that receiving social support is helpful, and providing it to others can profoundly affect mental and physical health (Brown et al., 2003; Dore et al., 2017). In studying college students, Sergin et al. (2016) found that individuals who lack social support skills may be more likely to develop psychological distress. This results from lacking access to the protective conditions that social support often provides. Thus, it is vital to note that giving and receiving
Social support can be challenging when individuals lack the skills essential to cultivating and sustaining relationships (Ohrt et al., 2019).

**Social Media:** Within the younger generations, social media has become ever-present. Truthfully, social media can bring forth challenges in the connection wellness domain and cause individuals to experience connection overload (Ohrt et al., 2019). Although social media provides advantages such as easily connecting with others at any time, it can cause individuals to experience more isolation and a false impression of how gratified and connected others appear. Working on cultivating healthy habits when using social media is central to improving face-to-face social interactions and overall wellness (Ohrt et al., 2019).

Like using alcohol and saturated fats to cope with negative emotions, social media is also a quick fix that causes the brain to release dopamine. After a while, social media usage can transform from a helpful coping approach to a destructive habit that negatively impacts wellness (Ohrt et al., 2019). Intriguingly, the research presents this phenomenon of “being alone” concerning the use of social media. Further, individuals can experience loneliness even when they are physically together but are not interacting because they are absorbed in their phones. Ohrt et al. (2019) recommend some practices regarding social media: finding ways to limit media usage, identifying the needs one believes social media provides, and exploring ways to do the same through in-person exchanges.

**Other Dimensions in the Literature**

The National Institute of Health examines other dimensions of wellness. However, some of these dimensions connect with the domains mentioned above in numerous ways. For example, the occupational dimension relates to the spiritual domain discussed above. According to NIH (2017), the occupational dimension consists of planning for and engaging in work that brings
forth personal fulfillment and life enhancement that is connected to one’s values, goals, and lifestyle; donating one’s unique abilities, skills, and talents to work that elicits “personal meaning” and is “rewarding.” Another dimension NIH (2017) outlines is intellectual wellness, which involves “growing intellectually, maintaining curiosity about all there is to learn, valuing lifelong learning, and responding positively to intellectual challenges.” This dimension connects with mind wellness.

Lastly, financial wellness is a domain that does not connect with the five domains discussed by Ohrt et al. (2019). However, the financial dimension involves handling one’s resources “to live within one’s means, making informed financial decisions, and setting realistic goals; being aware that everyone’s financial values, needs, and circumstances are unique” (NIH, 2017).

Social Determinants of Health

Social Determinants of Health are environmental conditions that “affect our health, well-being, and quality of life outcomes” (Ohrt et al., 2019, p. 33). By examining wellness through “a public health lens,” it becomes pretty apparent that individual health issues are intricately connected with community health difficulties and “that environment and culture not only help define community health problems but also show how those issues can be addressed and with what resources” (Ohrt et al., 2019, p. 34). Also, concentrating centrally on the health of others without examining the interaction between social and biological factors creates a lack of awareness regarding the adverse outcomes experienced disproportionately by marginalized groups.

Specifically, these groups experience health disparities, “differing health outcomes driven by social, economic, and environmental disadvantages experienced by certain groups of people
in the conditions in which they live, learn, work, and play” (Ohrt et al., 2019, p. 34). All minority and underserved populations experience systemic barriers to accessing health care (Agency for Healthcare Research and Quality, 2014). Moreover, diversity features traditionally related to discrimination (e.g., race/ethnicity, gender, socioeconomic status, religion, mental health, disability, sexual orientation, immigration status) are known to affect health conditions and create barriers for individuals, families, and communities to be able to optimize overall well-being (Agency for Healthcare Research and Quality, 2014). The relationship between “environmental contexts—such as experiencing a lifetime of systematic racism, early childhood experiences, family dynamics, genetic predispositions, and individual brain chemistry—and the unique way we each process our lived experiences has a profound effect on the health of mind, body, spirit, emotion, and connection with others” (Ohrt et al., 2019).

Social Determinants are split into five main areas: economic stability, education, social and community context, health and health care, and neighborhood and environment (Ohrt et al., 2019). According to Ohrt et al. (2019), mental health inequalities exist for marginalized groups because of “barriers to access: reliable transportation, service open around work time, clinicians who value their cultural norms and see their symptoms in the context of their environment, a community that supports seeking mental health services, treatment setting free from racism, bias and discrimination, services in their native language, adequate and affordable health insurance coverage” (p. 36). Substantially, the only way to start improving health is to identify and address all these social determinants of health and examine how they add to stress (Ohrt et al., 2019).

Cultural Considerations

Individuals from collectivist and individualistic cultures may view and practice wellness differently. Additionally, individuals who embody collectivistic values may perceive social
support differently than individuals who possess individualistic values (Ohrt et al., 2019). For example, individuals from collectivist cultures may choose not to seek help from their significant other because they do not want to inconvenience others (Ohrt et al., 2019).

It is also necessary to consider that stress is subjective and experienced differently based on individual experience. Thus, how individuals perceive stress and threats will be highly informed by the individual’s culture, race, class, etc. (Ohrt et al., 2019). Moreover, “minorities and other marginalized groups experience chronic stress that leads to marked health disparities and ultimately early death” (Ohrt et al., 2019).

**Wellness in Mental Health Professionals**

According to Lawson (2007), personal factors that have been associated with MHP wellness and effectiveness include the “counselors’ subjective perception of their wellness and manifestations of impairment, such as burnout, compassion fatigue, or vicarious traumatization” (Lawson, 2007, p. 20). Work-related factors such as perception of occupation and experiencing fulfillment in the work life can impact counselor wellness. Following the recommendation of Kramer-Kahn and Hansen (1998) to engage in career-sustaining behaviors (CSBs), Lawson (2007) conducted a study involving 501 American Counseling Association (ACA) members to examine their wellness and impairment and distinguish strategies for maintaining counselor wellness. Mainly, CSBs are used to maintain optimal functioning and an optimistic outlook regarding work.

In Lawson’s (2007) study, CSBs included creating and sustaining equilibrium between professional and personal lives, remaining objective in practice, reflecting on positive outcomes, continuously pursuing learning opportunities, and abstaining from accepting responsibility for the client’s circumstances. Using a seven-point scale, with one being well and seven being
impaired, Lawson (2007) had counselors self-assess their wellness. As a result, 390 counselors reported being in the “well” range, 72 described being in the stressed range, and 21 related being in the distressed range. When asked to evaluate their colleague’s wellness, counselors conveyed that they believed 50.42% of their colleagues would be in the “well” range, 33.29% in the stressed range, 12.24% in the distressed range, and 4.05% in the impaired range.

Participants were also provided a list of 34 CSBs and were asked to rank each CSB’s importance in maintaining healthy functioning and a positive outlook. Lawson (2007) then compared responses from highly satisfied MHPs to the least satisfied MHPs to explore which CSBs were performed and endorsed more frequently by satisfied MHPs. Findings revealed that more satisfied MHPs ranked the significance of 14 coping methods markedly higher and one significantly lower than the less satisfied MHPs.

The following 14 strategies were endorsed as the most critical CSBs:

- maintaining a sense of humor,
- spending time with partner/family,
- maintaining a balance between professional life and personal lives,
- maintaining self-awareness,
- maintaining a sense of control over work responsibilities,
- reflecting on positive experiences,
- trying to maintain objectivity about clients,
- engaging in quiet leisure activities,
- maintaining professional identity,
- participating in continuing education,
- spending time with friends,
- turning to spiritual beliefs,
- reading literature to keep up to date,
- and perceiving client’s problems as interesting” (Lawson, 2007, p. 28).

Distinctly, using substances to relax was a coping method least endorsed by the most satisfied counselors (Lawson, 2007). Lawson (2007) also found that MHPs who supported the CSBs previously mentioned received lower burnout scores and higher compassion satisfaction scores on the Professional Quality of Life Scale Third Edition Revised (Pro-QOL-III-R)
inventory. Additionally, four out of the five strategies endorsed by counselors in Lawson’s 2007 study were supported “for psychology in previous studies” (Lawson & Myer, 2011, p.165).

**Ethics of Professional Organizations and Associations**

Professional associations and organizations in the Mental Health Profession explicitly outline expectations for practitioners to maintain a keen sense of self-awareness and personal competence by engaging in practices that foster ongoing personal development and overall wellness. Moreover, these expectations are considered part of MHPs ethical responsibilities. In particular, the following mental health-related professional organizations and associations emphasize either self-awareness or personal wellness or both in their ethical guidelines: American Counseling Association (ACA), American School Counseling Association (ASCA), National Board of Certified Counselors (NBCC), the American Mental Health Counseling Association (AMHCA), and American Psychological Association (APA).

**Self-Awareness**

To illustrate, the AMHCA (2020) code of ethics highlights the importance of being self-aware of personal impairment in stating that “professionals recognize that their effectiveness is dependent on their own mental and physical health” (section C.1.h., p.8). MHPs must also seek professional help when competence is compromised (AMHCA, 2020). Similarly, NBCC’s (2023) ethical code also outlines a requirement that “counselors seek professional assistance or withdraw from practicing counseling if their mental or physical condition makes it so they are unable to provide appropriate services” (NBCC, 2023, p.2). Likewise, ASCA (2022) conveys that school counselors are ethically responsible for practicing self-awareness and self-monitoring through “recognizing the potential for stress and secondary trauma” and “monitoring mental, emotional, and physical health” (section B.3.h., p.8).
In the same way, APA (2017) also communicates these responsibilities under Principle A: Beneficence and Nonmaleficence, “Psychologist strive to be aware of the possible effects of their own physical and mental health on their ability to help those with whom they work” (p. 3). Equally, ACA (2014) identifies these exact requirements in their professional responsibility section, stating, "Counselors continually monitor effectiveness as professionals and take steps to improve when necessary.” Additionally, they seek peer supervision when they recognize impairment to evaluate their self-efficacy (C.2.d, p.8).

**Self-Care and Wellness Promotion**

Mental Health Professional associations and organizations also outline ethical responsibilities emphasizing wellness promotion and self-care. For instance, ACA (2014) explicitly states that “Counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to meet their professional responsibilities” (p. 8). Correspondingly, the NBCC (2023) code of ethics identifies engagement in “self-care and self-reflection” as a core value for counseling. Likewise, school counselors must also engage in self-care practices that promote healthy well-being as part of their ethical duties (ASCA, 2023, section B.3.h.).

**CSI Wellness Competencies**

Accordingly, wellness is also heavily stressed by the Chi Sigma Iota Counseling Academic and Professional Honor Society (CSI), an international organization for students and professional counselors. In fact, to further underline the crucial need to prioritize wellness, CSI (2020) developed a list of wellness competencies for the counseling profession. In detail, Competency 1: Self-Care states that counselors practice self-care by “monitoring personal
wellness; devoting time to utilizing self-care strategies that maintain mental, emotional, physical, and spiritual health; and making choices that promote optimal well-being” (CSI, 2020, p.1).

Not only do the competencies underscore the following aspects of wellness: “sleep, sexuality, technology use, and engagement with nature,” but they also describe wellness competence as possessing the ability to manage personal relationships and establish and maintain personal and professional boundaries. Further, the competencies also highlight the importance of counselors using self-monitoring and self-reflection to increase awareness of needs. Specifically, they state that self-reflective practices are necessary to assess holistic wellness and adequately address stress, burnout, and impairment (CSI, 2020).

**Supervisor Ethics**

In addition to monitoring and maintaining their wellness, practitioners must model and promote wellness to peers, clients, and trainees if they assume supervisory roles. CSI (2020) explicitly stresses the professional responsibility of promoting wellness in Competency Six: “Counselors model and encourage wellness practices that help others realize the benefits of making choices that promote wellness across the lifespan” (CSI, 2020, p. 4). When MHPs or educators supervise aspiring professionals during training, they must monitor the trainee’s self-awareness, self-care, professional competence, and effectiveness in practice. For this reason, the Association for Counselor Education and Supervision (ACES) provides an extensive list of best practices for credentialed counseling supervisors and counselor educators responsible for supervising master-level counselors-in-training.

To illustrate, ACES (2011) section 9. c. ii. outlines the following responsibility: supervisors must help their supervisees “develop self-reflection and self-evaluation skills, and foster an expectation of regular, ongoing self-reflection over supervisees' professional lifespan”
Analogous to CSI (2020) Competency Six, ACES (2011) states that it is the supervisor’s responsibility to act as a role model by “appropriately engaging in and modeling self-care” for their supervisees (section 7.b.vi., p. 9). Moreover, supervisors should not only model it for their supervisees but also commit to prioritizing their self-care to “avoid professional stagnation and burnout” (ACES, 2011, section 11.d. xiii), as it could impede their effectiveness in their supervisory roles.

**Self-Awareness and Wellness in Graduate Education**

To obtain a career in the helping profession, individuals must acquire the specific education, training, and credentials associated with their chosen career path. For instance, individuals who desire to become psychologists, counselors, or social workers must complete graduate degrees, supervised training, and licensure exams before receiving approval to practice independently. Therefore, this section will examine graduate students’ expectations and experiences, graduate program standards, the lack of instructional tools and systematic training within programs, potential risks of inadequate preparation, studies concerning graduate students’ stressors and wellness practices, and recommendations for targeting SA and wellness training.

**Graduate Students**

Noteworthy are the intense workloads and academic demands associated with graduate education requirements, which are considerably different than those related to undergraduate education (Granello & Young, 2019). Significantly, academic workloads are more intense, demanding, and time-consuming in graduate school. At the same time, graduate courses require high-order cognitive skills such as conceptual and analytical thinking, more independent learning, and a heavier emphasis on research.
Although some incoming graduate students may have developed practical time management skills after adapting to the changes and demands associated with their transition from high school to the undergraduate environment, there will still be another learning curve in finding ways to balance time adequately while in their graduate programs. Further, these students will be expected to independently learn how to effectively arrange their schedules and structure their time to meet their new demands while maintaining self-discipline. Graduate students who perceive the changes and challenges related to graduate school as uncontrollable stressors often experience continuous strain that can negatively impact their reasoning, judgment, ability to focus, learn, listen attentively, and their overall well-being (Cole et al., 2004; Newsome et al., 2006).

Considering the psychological demands of working with clients, graduate students in mental health helping-related programs are also exposed to additional internal and external stressors besides the ones associated with their intense academic workloads (Abel et al., 2009). Moreover, many students experience intense emotions such as self-doubt, isolation, and excessive worry throughout their training and exposure to clients (Abel et al., 2009). Burnout is often a result of experiencing emotional exhaustion, compassion fatigue, or vicarious traumatization (Newsome et al., 2006). For this reason, graduate students need a proactive foundation of wellness and SA to combat stressors effectively, confront challenges, maintain professional competence, and optimize functioning.

**Graduate Students’ Professional Ethics**

Intriguingly, graduate students enrolled in mental health-related programs, also known as counselors-in-training, must uphold the same code of ethics associated with the profession in which they will be working. To provide an example, ACA (2014) confronts trainees
responsibility under the supervision, training, and teaching section by affirming that students and supervisees must also understand and follow the code of ethics as they “have the same obligation to clients as those required of professional counselors (section F.5.a., p.13). Furthermore, they outline self-growth as an expected component of counselor education (ACA, 2014, Section F.8.c).

**Graduate Program Standards**

The Council of Accreditation for Counseling and Related Educational Programs (CACREP, 2016) encourages counselor educators to assist counselors-in-training in cultivating strong self-awareness. CACREP (2016) program standards also stress integrating wellness practices into course curricula (2. F. 1). Similarly, CSI (2020) encourages incorporating wellness models and tools into educators’ instructional methods in Wellness Competency 7: Wellness Research. Concerning developing a keen sense of SA, awareness training has also been emphasized as a critical component of graduate student professional development consistently across counseling literature (Collins & Pieterse, 2007; McWilliams, 2004; Pieterse et al., 2013; Stolenburg, 2005; Sue et al., 1982,1992; Wilkinson, 2011; Yager & Zolia, 2007).

**Guiding Principles for Student Assessment**

According to the CACREP (2016) guiding principles for student assessment, counselor educators must systematically assess each student’s “knowledge, skills, and professional dispositions” using multiple methods across various points of the program (p. 2). Therefore, counselor educators are tasked with designing their program’s formal evaluation plan and aligning it with core program curriculum standards. This also means that each program has the freedom to identify the “key performance indicators” that they think will portray a “mix of important knowledge and skills” to be measured over time (CACREP, 2016, p. 2). In other
words, educators have the decision-making power regarding what will be considered the pertinent points during a counselor trainee’s program where assessment, applicable to each core area, is necessary.

Additionally, programs may have “different expectations for student outcomes early in the program versus during their internships or at the end of their programs” (CACREP, 2016, p. 3). Moreover, because defined expectations can be fluid amongst programs, certain aspects of PD, such as SA and wellness, may not be targeted or assessed until the later phases of a particular training program. Although program faculty must determine students’ professional dispositions over time, they are also expected to define and identify the critical dispositional characteristics that will be evaluated over multiple points.

CACREP’s (2016) definition of professional disposition includes the commitments, characteristics, values, beliefs, interpersonal functioning, and behaviors that influence the counselor’s professional growth and interactions with clients and colleagues. Previous counselor education literature has identified many specific characteristics associated with a counselor’s professional disposition. To illustrate, some of these characteristics have included flexibility, emotional stability, acceptance, empathy, cooperativeness (Pope & Kline, 1999), honesty, confidence (Ackerman & Hilsenroth, 2003), self-awareness, non-defensiveness, strong interpersonal skills (Jennings & Skovholt, 1999), respect for boundaries, openness to feedback, self-control, adaptability, genuineness, and a strong sense of ethics (NCATE, 2008). Thus, given this wide range of characteristics that various professions perceive as dispositional characteristics, educators may lack agreement regarding the characteristics that should be assessed and when and how those characteristics should be evaluated.

Implementation of Assessment Measures
Although self-reflective activities can stimulate identity exploration and self-awareness development throughout the beginning phases of the program, these activities are integrated into coursework at the discretion of faculty, who decide when and how dispositional characteristics are assessed and measured within their program. For example, to measure self-awareness over time, it may be evaluated briefly during the interview process for admittance into the graduate program and then assessed again in more depth during the practicum phase (CACREP, 2016). According to Pieterse et al. (2013), previous literature examining accredited counselor education programs has shown that the focus on counselor trainee self-awareness tends to occur in specific program domains, such as during the supervised practicum and internship phase, when trainees have direct contact with clients.

During practicum and internship, counselors-in-training receive one hour of individual supervision per week with a faculty or site supervisor and an hour and a half of group supervision (CACREP, 2016). Supervision aims to foster the following areas of development: academic, ethical, professional, and personal (Thompson et al., 2011). Therefore, counselor educators, who assume the supervisory role during this phase, are responsible for assessing trainees’ ability to demonstrate self-awareness (Wilkinson, 2011) and monitoring their well-being and self-care. Concerning supervisors’ professional obligations when providing training in mental health programs, Thompson et al. (2011) emphasized that “distressing issues in counseling, warning signs of burnout, and coping strategies for dealing with stress” should be discussed throughout the supervision process (p.153).

**Lack of Systematic Training Approaches**

Although professional associations and graduate program standards delineate expectations for graduate students to learn and regularly engage in SA and wellness practices,
previous literature has highlighted a lack of instructional tools in counselor education programs to help students cultivate these areas of PD throughout their counselor training (Christopher et al., 2006; Pieterse et al., 2013). In detail, there has been a lack of a systematic approach to providing wellness training and teaching self-care practices, emotional regulation strategies, and methods for preventing burnout during graduate students’ training (Newsome, 2006; Newsome, 2012; Prikhidko et al., 2020; Thompson et al., 2011). Moreover, the time demands of meeting curriculum and clinical training requirements often limit graduate programs’ opportunities to teach these practices (Newsome, 2006; Newsome, 2012; Rosenzweig et al., 2003). As a result, it may be considered the student's responsibility to develop strategies for maintaining wellness independently (Rosenzweig et al., 2003; Newsome, 2006; Newsome, 2012).

**Stressors and Wellness Practices in Graduate Students**

Various studies have examined graduate students’ stressors and wellness practices. Upon reviewing the existing literature on graduate student wellness, Roach and Young (2007) recognized that few counselor education programs contained a wellness emphasis. Thus, they conducted a study investigating the influence of counselor education programs on graduate student wellness. More specifically, their study inspected broad trends in levels of wellness among 204 students at three points (beginning, middle, and end) in their training. Their goal was to determine if master-level counseling students would report higher levels of wellness near the end of their training versus the midpoint and beginning of their training (Roach & Young, 2007). The 5F-WEL was used as the measure of wellness in the study.

Results showed no significant trends in levels of wellness based on the amount of time students had been in the program or changes regarding wellness scores when comparing students at the beginning, middle, or end of their program (Roach & Young, 2007). When students were
asked, “Does your program have a wellness course?” 48% answered “Yes” and 52% answered “No.” Regardless, Roach and Young’s (2007) study provided valuable insights concerning counselors-in-training wellness after 41% of the students responded to the open-ended question, “What, if anything, have you learned in your counseling coursework that has helped you develop knowledge and skills regarding your personal wellness?” The reflective responses in their findings were associated with 5F-WEL Inventory results (Roach & Young, 2007).

Of the five second-order factors in the Indivisible Self evidenced-based wellness model, students reported higher levels of wellness in social self than any other second-order factors (Roach & Young, 2007). Students also identified multiple third-order factors in their responses. For instance, 16 of the 84 students identified self-care as something essential they learned during the program. Some also identified emotions and control as something fundamental they had learned. Others reported increased self-worth from having the opportunity to focus on their growth during training.

Only five of the 84 students identified the second-order factor of physical self (exercise or nutrition) in their responses. Roach and Young (2007) related that the low response rate in this area may have resulted from the time demands associated with graduate school. None of the students mentioned spirituality (Roach & Young, 2007). Hence, they suggested this may be due to counselor educators’ experiencing challenges when ethically broaching these topics in school and professional settings. Students also did not mention gender or cultural identity in their reflective responses.

Additionally, only one student identified stress management as a skill they developed during the program. Therefore, the researchers recommended that educators foster environments that facilitate opportunities for constructive growth to enhance student wellness besides only
focusing on traditional stress management techniques. Students also did not mention leisure activities in the responses. Thus, to aid in preventing burnout, Roach and Young (2007) said it may be beneficial to help students learn how to integrate leisure into work and personal life balance.

According to Roach and Young (2007), “students who had a wellness course in their university reported statistically higher levels of total wellness but, because only 4% of the variance was accounted for by this factor, practical significance did not seem to be present” (p. 40). However, in their reflective response, multiple students related that several of their courses discussed the importance of wellness. Moreover, students also recounted gaining insight and skills through conscious-raising activities such as group work, interactive classwork, role-playing, personal journals, and supervision. Responses also showed that most students had gained self-awareness regarding prioritizing wellness because their instructors and coursework emphasized it (Roach & Young, 2007).

Roach and Young (2007) related that the study did not support the notion that students’ wellness improves throughout their counseling training. They explained that this may result from educators lacking the necessary resources to incorporate effective strategies for helping students cultivate wellness practices. Furthermore, this area of research has been vague and considerably neglected.

Another study by El-Ghoroury et al. (2012) investigated psychology graduate students’ stressors, coping methods, and obstacles they experienced with integrating wellness practices into daily living. The American Psychological Association of Graduate Students (APAGS) and APA Advisory Committee on Colleague Assistance (ACCA) developed the APAGS-ACCA survey to address the following inquiries: number of graduate students who experience high
levels of stress, frequency of stressors and their impact on students, the most common methods used to manage personal struggles, and students’ perception of obstacles to engaging in wellness and self-care practices. El-Ghoroury et al. (2012) used a modified version of the scale commonly used to assess wellness in licensed psychologists. With the assistance of ten ACCA members, APAGS staff, and the APA Practice Directorate staff, El-Ghoroury et al. (2012) modified aspects of the survey by removing items that were not relevant to graduate students. Then, they adjusted other items in the survey to make them more specific to the graduate program environment.

Results of the study showed that 273 (70.5%) of the 387 graduate students conveyed that they had encountered personal or professional obstacles that hindered their ability to function optimally at some point during their graduate program (El-Ghoroury et al., 2012). More than half of the graduate students disclosed the following four struggles: managing academic expectations, increasing debt, experiencing anxiety, and deficits in creating a healthy work/life balance. Notably, having the support of family, peers, and friends and engaging in physical activity and hobbies were students' most common coping methods.

Insufficient time (70.6%) and financial strain (46.5%) were the most frequently identified barriers to engaging in wellness practices. El-Ghoroury et al. (2012) also explored ethnic/racial differences between the participants in their study. They reported “While the mean differences between racial/ethnic minority respondents and White respondents on specific stressors and coping strategies were small, multivariate analyses suggested a relatively large overall effect of ethnic/racial group membership on stress and coping in psychology graduate students; when controlling for gender and age; discrimination, physical health issues, and alcohol or substance abuse contributed most to the ethnic/racial differences in stress, while spiritual resources,
supervision, and seeking out family support contributed most to the differences in coping” (El-Ghoroury et al., 2012, p. 130).

Another study by Thompson et al. (2011), involving 14 master-level graduate students in the practicum and internship phase of their counselor training, examined students’ perceptions of burnout, self-care, and the supervision process. Results of the study indicated that most participants had experienced burnout symptoms during their counselor education training (Thompson et al., 2011). The following issues were identified as stressors that contributed to the onset of students’ burnout: decreased compassion, loss of excitement, inability to balance responsibilities associated with personal, job, and academic life, and challenges with setting and enforcing healthy boundaries between personal and professional life. One participant specifically described burnout as sacrificing personal time for work and school-related obligations (Thompson et al., 2011).

Many participants expressed that their family, friends, and partners were supportive factors in helping them cope with stressors (Thompson et al., 2011). Other participants listed the following as essential components of their self-care: nutrition, physical activity, meditation, reading, and media. Additionally, they described self-care as an intentional practice. Participants also reported that some faculty supervisors introduced and maintained dialogues about self-care during practicum and internship, which was beneficial. Thompson et al. (2011) also added that faculty supervisors modeling boundaries and wellness, cultivating a safe space for personal exploration, processing cases, and providing encouraging feedback were viewed as indirect helpful measures to promote student resiliency.

Concerningly, some students reported that burnout and self-care were not topics explicitly confronted or initiated in supervision meetings by their site supervisors. Noteworthy,
Thompson et al. (2011) found that “more than half of the participants wanted a comprehensive and developmentally appropriate approach to self-care interwoven throughout their counselor training, with the actual practice of self-care skills rather than face talk” (p.158). Furthermore, most students reported a desire for more assistance with learning work-life balance and finding resources for managing stress while in supervision.

In the study’s conclusion, Thompson et al. (2011) expressed that students cannot be expected to integrate self-care into personal and professional practice without adequate training. In fact, participants suggested having educators teach self-care methods and mentioned that programs provide graduate students with a summary of academic responsibilities and expectations at the beginning of their graduate careers so that they know what to expect (Thompson et al., 2011).

According to Prikhidko et al. (2020), previous research studies have focused on emotional intelligence, affective experience, emotional awareness, and emotion-focused coping when studying professional counselors and counselors-in-training. However, it has not focused on ways to integrate emotional regulation development into the counselor training process. Moreover, there has been a lack of instructional methods and models for teaching emotional regulation to counselors-in-training. Thus, the researchers emphasized that graduate students need emotional regulation training that directly concentrates on managing emotions linked to vulnerabilities and triggers experienced during client interactions (Prikhidko et al., 2020).

Therefore, Prikhidko et al. (2020) conducted a study exploring counselors-in-training experiences with emotional regulation and counseling supervisors’ experiences with observing students during this process. Participants included 13 graduate students enrolled in practicum and internship and 12 faculty/doctoral supervisors. The counselors-in-training identified feelings
experienced toward clients in sessions and toward themselves inside and outside sessions. Findings showed that the most frequent challenging emotions experienced were “anxiety, fear, anger, frustration, guilt, and pride” (Prikhidko et al., 2020, p.100). Most students acknowledged that emotional awareness was a critical part of emotional regulation. However, some students reported not receiving emotional regulation training and could not adequately define it.

Although supervisors assist students with working through intense emotional experiences, some students may only be taught emotional regulation sporadically (Prikhidko et al., 2020). Therefore, they may lack knowledge regarding strategies for coping with feelings of anxiety, anger, or guilt. When experiencing challenging emotions, individuals can use various emotional regulation strategies such as emotional processing, metacognition, and inter- and intrapersonal support (Prikhidko et al., 2020). However, Prikhidko et al. (2020) reported that only a few students mentioned emotional regulation strategies in the study.

If counselors-in-training engage in emotional self-protection when they feel too vulnerable to ask for interpersonal support, emotions can become dysregulated (Prikhidko et al., 2020). Furthermore, dysregulation may become apparent in students who refuse to acknowledge emotions and become defensive when receiving feedback. Thus, supervisors must be aware of the potential issues that may surface when counselors-in-training suppress intense emotional experiences.

Potential Risks of Inadequate Preparation

As mentioned, the strain and challenges accompanying graduate students’ education and training can affect their reasoning, judgment, ability to focus, and overall well-being (Cole et al., 2004; Newsome et al., 2006). Without adequate training, students may not cultivate sufficient coping strategies independently to integrate them effectively into daily practice. Thus, students
who lack SA, coping resources, and wellness practices will be at a higher risk of experiencing distress, burnout, and wellness breakdown when reaching the clinical phase of training.

Significantly, suppose these essential areas of PD (e.g., self-awareness, self-care, emotional regulation, and wellness) are only assessed and focused on in the supervised phase of graduate students’ training, as highlighted in the previous literature (Pieterse et al. 2013; Thompson et al., 2011). In that case, deficits in self-awareness and wellness may not become apparent until trainees start providing services to clients. Consequently, these concerns increase the likelihood of engaging in harmful practices and violating ethical obligations when they begin working with clients.

**Effectiveness of Training in Graduate Programs**

Noteworthy, some studies have shown positive outcomes when implementing stress management and mindfulness training in counseling graduate programs. To illustrate, Abel et al. (2009) examined the effects of a 14-week stress management course on graduate students’ knowledge of stress and coping techniques. Moreover, they analyzed whether there were any changes in personal stress-related symptoms based on the participants’ self-reports from the self-management log graduate students had to maintain throughout the course. The stress-management course content included the following: stress theory and response, nutrition and exercise, breathing and body awareness, progressive muscle relaxation, autogenics, imagery, meditation, worry control, learning how to stop and refute irrational thoughts, goal setting and time management, and assertiveness training (Abel et al., 2009).

The study’s results showed that students who took the stress management course experienced significant positive changes in their stress symptoms compared to the control group (Abel et al., 2009). Moreover, Abel et al. (2009) found that the stress management course was
effective in enhancing students’ knowledge of “stress and changing levels of anxiety and personal stressors” (p.75). Students learned and implemented coping strategies to aid in managing the strain and pressure experienced during their graduate training. Thus, Abel et al. (2009) recommended including a stress management course in counselor education programs to provide students with a wide range of techniques to manage daily stressors effectively. Furthermore, they related that providing this wellness component in programs may help decrease the degree of attrition in graduate programs (Abel et al., 2009).

MHPs often use mindfulness techniques as a vital form of self-care (Newsome et al., 2012). Mindfulness focuses on awareness of experiences as they occur, whether pleasant or unpleasant. In contrast, relaxation training substitutes an uncomfortable state of mind, such as anxiety, stress, fear, or pain, with a more desirable state. With increased awareness, people can learn to relate to their experiences differently. Moreover, they can develop a deeper level of self-compassion and learn to shift their perception of their circumstances, decreasing the negative impact on their stress and overall well-being (Newsome et al., 2012). To examine the effectiveness of mindfulness, Newsome et al. (2006) conducted a 15-week study in a graduate course that was based on the Mindfulness-Based Stress Reduction (MBSR) eight-week program created by Jon Kabat-Zinn (1990). Specifically, the graduate course focused on self-care and mindfulness strategies and presented opportunities for graduate students to cultivate these practices.

The researcher used three evaluation methods to assess the course's effectiveness over four years. The study’s results indicated that the participants experienced positive changes in the following areas: interpersonal, mental, emotional, physical, and spiritual well-being. Additionally, the participants said they felt more prepared to manage daily stressors.
Furthermore, they reported that these positive changes also impacted their skill development and enhanced their counseling relationships (Newsome et al., 2006).

Newsome et al. (2012) found that there had not been any follow-up studies since their (2006) study. Thus, they argued that more research was needed to confirm the effectiveness of MBSR groups in helping individuals learn stress-management techniques. Hence, Newsome et al. (2012) decided to conduct another study. However, this time, they implemented 8-week MBSR groups and recruited undergraduate and graduate students planning to pursue careers in helping professions.

The participants included 19 undergraduate students and 12 graduate students. The group leaders from the 2006 study ran the groups using the same format. Students were split into two groups. One group was facilitated in a fall semester, and the other in a spring semester. To address a deficit within the previous study, they incorporated a one-month follow-up measure to assess whether the program had any lasting effects on the participants. Findings showed that the participants’ “levels of perceived stress, self-compassion, and mindfulness changed after participating in the group…perceived stress and self-compassion also remained stable the at one month follow up” (Newsome et al., 2012, p. 306).

**Recommendations for Implementing Training in Graduate Programs**

Due to the continuous risks associated with the counseling profession, counselors must be able to cope with emotional stressors to assist clients effectively. For this reason, Yager and Tover-Blank (2007) outlined ten recommendations for promoting wellness during graduate students’ counselor training. The ten suggestions for safeguarding graduate students’ wellness included introducing wellness directly, associating self-growth and self-awareness with wellness, modeling wellness for students, communicating that perfection is not a goal of wellness,
presenting wellness as a lifestyle choice, encouraging personal counseling as a supportive measure, reviewing ACA code of ethics regarding wellness, promoting wellness philosophy in all courses, developing inventive ways to strengthen students attention to wellness, and exposing students to a positive humanistic view of nature (Yager & Tover-Blank, 2007).

Secondly, Roach and Young (2007) underscore the importance of counselor educators adopting a wellness model in their programs. This approach offers a structured framework for research and practical wellness training and can help facilitate the assessment of student progress, thereby enhancing overall student wellness. Thirdly, Thompson et al. (2011) recommended the following to encourage more resilient perceptions and expectations for mental health-related work: supervisors assisting counselors-in-training with recognizing the crucial nature of maintaining self-awareness and developing “protective factors” to safeguard counselor “compassion, enthusiasm, life-work balance, and professional boundaries” (p.159).

Thompson et al. (2011) also related that conversations about self-care should include introducing cognitive, emotional, and spiritual coping skills. Lastly, they suggested that supervisors provide structure and incorporate feedback earlier in students’ training to help decrease their anxiety and cultivate a relationship with the supervisee that encourages autonomy and higher-level cognition (Thompson et al., 2011). Because of the sizable number of graduate students who have experienced dysfunction associated with elevated levels of pressure and strain during their graduate training, El-Ghoroury et al. (2012) recommended that programs and educators prioritize teaching students about the impact of stress. Further, they emphasized that educators must provide support by helping students acquire effective coping strategies and addressing obstacles to maintaining wellness (El-Ghoroury et al., 2012).
Prikhidko et al. (2020) suggested that supervisors can help counselors-in-training decrease emotional intensity by validating their feelings. Further, this may help them become more comfortable sharing feelings, leading to less self-protection when being assessed in the supervised phase of their training. Prikhidko et al. (2020) also recommended that supervisors incorporate emotional regulation strategies in supervisory practices to help counselors-in-training cultivate an awareness of emotional suppression and develop effective emotional regulation strategies. Additionally, they expressed the importance of incorporating emotion regulation education in all counselor education programs (Prikhidko et al., 2020).

As evidenced throughout the literature, there appears to be a need to address areas of personal and professional development at a much earlier stage of students’ academic careers.

**Undergraduate Students**

Analogous to graduate students, undergraduate students face several academic challenges and personal struggles throughout their educational journey. Although the shift from high school to the college environment is a huge transition that brings forth a lot of rapid change (Maddi, 2011), students are expected to quickly acclimate into this unfamiliar environment where their academic roles and responsibilities will be much different from their secondary educational experience (Wardini, 2020). Furthermore, these new roles and responsibilities will continuously challenge them to establish resilient, persistent personalities and demonstrate developmental progress in their psychological well-being (Wardini, 2020). Thus, learning how to navigate the university environment, manage their new roles and responsibilities, and meet academic demands can be overwhelming for undergraduate students. Moreover, how students approach and manage these significant life transitions can significantly impact their overall wellness.

**American College Health Association Data**
The well-being of undergraduate students has become a rising concern (Eisenberg et al., 2007; Auerbach et al., 2018; Bachik & Kitzman, 2020). To demonstrate, the American College Health Association conducted a National College Health Assessment (Fall 2022) surveying 33,774 college students across 51 colleges and universities. When undergraduate students were asked how often they felt isolated over the last 30 days, 7078 reported frequently, and 14,369 reported some of the time. Next, when students were queried about experiencing problems or challenges within the previous 12 months, 47.6% of respondents recounted issues or challenges with academics, 34.1% with careers, 44.6% with finances, 72.2% with procrastination, and 51.1% with personal appearance. At the same time, when rating their overall stress level within the last 30 days, 28.4 % of respondents rated it high and 48.9% as moderate.

Some respondents also reported that in the previous 12 months, the following impacted their class performance: anxiety (28.2 %), depression (19.1%), sleep difficulties (20.4%), stress (34.4%), career (27.4%), procrastination (53.1%), and chronic conditions (30.9%). Additionally, they revealed that over the last 12 months, the following delayed their degree progress: anxiety (4.4%), depression (4.7%), sleep difficulties (2.1 %), stress (5.3%), career (10.1%), procrastination (10.8%) and chronic conditions (7.3%). Lastly, when responding to the inquiries concerning suicide ideation, 24.5% of the respondents reported having a brief passing thought, 9.9% planned but did not try, 5.8% planned and wanted to die, 2.5% attempted but did not want to die, 3.5% attempted and hoped to die, and 46.1% total had thoughts (ACHA, 2023).

In summary, the survey data showed that undergraduate students may benefit from teaching approaches and interventions that promote PD by increasing SA and healthy well-being, improving emotional regulation and stress management, and encouraging personal growth.

**Wellness in Undergraduate Students**
Higher education institutions have also observed rises in student mental health problems, as there has been an increasing demand for counseling services on college campuses that surpass the available services (Auerbach et al., 2018; Bachik & Kitzman, 2020; Eisenberg et al., 2007; Hunt & Eisenberg, 2010; Ohrt et al., 2019). At the same time, counseling centers are reporting an increase in the severity of mental health problems (Eisenberg et al., 2007; Ohrt et al., 2019). Additionally, undergraduate students are also struggling with other issues such as food insecurity, sexual victimization (Ohrt et al., 2019), exploring and establishing a stable sense of identity (Kim et al., 2021), and relationship problems.

Formerly underscored, the shift from high school to the college environment is a significant life transition for emerging adults. Moreover, adapting to the university culture and balancing all their responsibilities and academic expectations can be challenging for first-year college students. Barriers such as but not limited to lack of adequate preparation and lack of access to sufficient resources exacerbate these challenges (Blackwell & Pinder, 2014; Castleman & Page, 2013; Mehta et al., 2011; Stebleton et al., 2014). Also concerning, untreated mental health problems can cause further distress for students during this period of development, leading to impairments in academic functioning (Bruffaerts et al., 2018).

According to the literature, the peak period for the onset of several common mental health disorders is usually before or during the college years (DeGirolamo et al., 2012; Kessler, 2007). Findings from a National Comorbidity Study Replication revealed that “half of Americans will meet the criteria” for a mental health disorder at some point during their lifetime (Kessler, 2005, p. 593). However, half of all lifetime cases usually start by 14 years of age and three-fourths by 24 (Kessler et al., 2005).
In a study involving 1572 college students, Auerbach et al. (2016) found that one-fifth (20.3%) had 12-month DSM-IV/CIDI disorders, and a substantial number of those students (83.1%) experienced onset before entering the college environment. Another study examining 2,843 students to assess the prevalence of depressive and anxiety-related disorders showed that “13.8% of undergraduates and 11.3% of graduate students screened positive for major or other depression and 4.2% of undergraduates and 3.8% of graduate students screened positive for current panic disorder or generalized anxiety disorder” (Eisenberg et al., 2007, p.538-539). Results also indicated that 2.5% of undergraduates and 1.6% of graduate students reported experiencing suicidal thoughts at some point within a four-week range before completing surveys (Eisenberg et al., 2007).

Likewise, survey results from the WHO World Mental Health International College Student Project, which included 13,984 college students, showed that one-third of first-year students had reported a diagnosis of at least one mental health disorder in the following categories: anxiety, mood, or substance disorder (Auerbach et al., 2018). Similarly, results from Bruffaerts et al. (2018) study involving 4921 first-year students indicated that approximately one in three students experienced mental health concerns within the past year.

**Mental Health Concerns and Academic Performance**

In addition to assessing the prevalence of mental health problems within a year, Bruffaerts et al. (2018) also investigated associations between student mental health concerns and academic performance. As a result, they found that two mental health problems (internalizing and externalizing problems) were associated with significant decreases in intellectual functioning. In particular, students with internalizing and externalizing problems had significantly lower academic functioning than students without mental health problems.
Another study conducted by Eisenberg et al. (2007) found that students “who grew up in poor families were substantially more likely (odds ratios above 3) to screen positive for depression or anxiety disorders and to report suicidal thoughts” (p. 540). Additionally, even though all students in the study had access to free short-term counseling and primary medical care, the study's results indicated that significant socioeconomic disparities in mental health still existed (Eisenberg et al., 2007). Research has also shown that having parents who do not possess a college education is significantly associated with lower levels of academic functioning in students (Bruffaerts et al., 2018).

As stated before, in addition to the various challenges associated with the transition into college, mental health problems can increase student distress and impair their academic functioning (Bruffaerts et al., 2018). Poor academic functioning has been associated with an increased risk of resignation from school (Freudenberg & Ruglis, 2007). According to Bruffaerts et al. (2018), “emotional problems among college students are not just a theoretical, clinical, or educational problem but also a societal problem” (p. 9).

Because providing mental health and medical services on college campuses has not proven sufficient in reducing disparities in mental health problems, and these issues seem to significantly impact academic functioning, using additional approaches such as outreach and wellness education may be necessary for college students (Eisenberg et al., 2007). Further, implementing effective interventions in the educational environment that target improvements in health and academic performance should be considered (Auerbach et al., 2016; Bruffaerts et al., 2018; Cutler & Lleras-Muney, 2006). As a result of improving students’ understanding of mental health and wellness, they are likely to wreak substantial benefits (Eisenberg et al., 2007).
Since research highlights the continuity of psychopathology and its impact on academic success, there appears to be an increasing need for early intervention within higher education institutions. For this reason, DeGirolamo et al. (2012) recommended early intervention to promote tertiary prevention and minimize the risks associated with mental disorders in young people. Similarly, Bruffaerts et al. (2018) suggested that institutions target mental health concerns and provide preventive measures within the college environment.

Likewise, Auerbach et al. (2016) related that detection and treatment of mental health disorders at the beginning of one’s college career may increase student retention rates and improve psychological functioning in students. Finally, Eisenberg et al. (2007) stressed that “college and university communities reach over half of each cohort of youths and thus represent opportunities to help prevent mental health problems before they occur or before they become more serious” (p.540).

Undergraduate Psychology Pathways

According to the APA Centers for Workforce (2019), Many students who pursue graduate degrees in helping-related fields first obtain a bachelor’s degree in psychology (APA, 2019). APA Centers for Workforce National Science Foundation Data (2019) showed that 26% of individuals with a bachelor’s degree in psychology obtained master’s degrees in the following helping industries: social work, special education, education, counseling, guidance, management, administration, speech pathology, medicine, and criminal justice. On the other hand, 57% of students entered the workforce after obtaining their bachelor’s degree (APA, 2019). In other words, most psychology majors entered the helping field with a bachelor’s degree.

The most common occupational outcomes in the data results included positions related to social work, counseling, administration, management, service, personnel, sales, marketing, and
teaching (APA, 2019). Although these were the expected occupational outcomes, this only accounted for 52% of careers pursued by psychology majors with an undergraduate degree. That is to say that the range of opportunities associated with a degree in psychology has been quite broad (APA, 2019).

Still, it is critical to consider that psychology students enter these various helping professions immediately after completing their bachelor’s degree. Therefore, if PD is only targeted in mental health helping-related graduate programs, then undergraduate psychology students are at an increasing risk of entering the helping field unprepared to handle the high psychological demands. Considering these concerns, educators must address SA development, wellness training, and personal growth opportunities at the undergraduate level of college students’ academic careers.

**Undergraduate Students’ Personal Development**

Bachik and Kitzman (2020) found that many undergraduate students do not acquire the following necessary life skills: “self-regulation, resiliency, stress reduction, depression prevention, anger management, goal setting, or the self-understanding and self-assessment of one’s personal strengths and weaknesses, character traits, beliefs, values, and goals” (p.152) during their undergraduate career. Further, education at this level has traditionally focused more on developing knowledge based on competence in the classroom (Yager & Zolia, 2007; Bachik & Kitzman, 2020). Additionally, upon review of existing literature on psychology programs, APA noted that programs have focused more on preparing undergraduate students for graduate school and less on prepping those who will immediately enter the workforce upon graduation.

Intriguingly, research has revealed that psychology students desire more coursework that integrates psychoeducation on mental health issues and provides them with coping resources
(Homa et al., 2013). APA (2019) also emphasized that psychology programs “should prepare students for the careers they are most likely to pursue upon graduation” (p.62-63). Furthermore, APA (2023) expressed that “students who major in psychology should develop the capacity to transform others and become agents of positive social change.” (Guidelines, 3.0, p. 37).

**APA Guidelines 3.0**

As formerly mentioned in Chapter One, the recent version of APA guidelines 3.0 (2023) for undergraduate psychology curricula specifies personal and professional development as one of the five overarching goals and provides student learning outcomes SLOs to address in undergraduate psychology programs. Still, the operational principles outlined in the APA (2023) guidelines 3.0 articulate that no specific curriculum or course content is associated with the new fifth overarching PD goal and SLOs. Also absent from the guidelines are specifications for when, where, and how these SLOs can be targeted in course content. Thus, under these circumstances, educators may struggle to determine what materials to integrate into psychology coursework for the areas of PD underscored in APA 3.0 guidelines. Also, since psychology instructors have academic freedom in selecting the APA goals and SLOs targeted and measured within their courses, the new APA (2023) personal and professional development goal may be overlooked or inadequately addressed in psychology programs.

However, it is pertinent to note that in APA (2023) guidelines 3.0 section concerning operational principles, it was stated that “complex skills tend to develop over time” to emphasize a need for psychology departments and faculty to create educational experiences that nurture skill development and personal growth throughout a student’s program (APA, 2023, p.44). Additionally, APA (2023) guidelines 3.0 recommended that programs examine how each required psychology course could contribute to cumulative degree expectations regarding the
knowledge and skills students need to develop. Considering these limitations and recommendations, an integrated teaching model and specified course programming were designed and built into a psychology wellness course.

Integration of APA Goals and Student Learning Outcomes

APA (2023) guidelines 3.0 for undergraduate psychology course curricula outline five overarching goals, each containing three to six SLOs, to be integrated throughout program curricula. This section presents the APA overarching goals used in this study's psychology wellness course and examines other APA instructional resources. The following overarching goals were incorporated into the course as they align with the core methods and teaching objectives of this study's transformational teaching conceptual framework: Goal 1: Context Knowledge and Application, Goal 3: Values in Psychological Science, and Goal 5: Personal and Professional Development. APA (2023) guidelines 3.0 also provides foundational and baccalaureate indicators corresponding to the SLOs; Table 2 features the APA (2023) SLOs and the accompanying corresponding foundational indicators that were incorporated in the course’s integrated teaching model (See Chapter 1).

According to APA (2023) guidelines 3.0, the personal and professional development goal should focus on helping students develop the necessary skill sets to prepare them for graduate school or the workforce. The skills provided for the SLOs associated with this goal were constructed upon reviewing “The Skillful Psychology Student” (2018), a document developed by ACA’s Committee on Associate and Baccalaureate Education (CABE) that articulated a list of skills that students will need to be successful in the 21st century (APA, 2023). APA guidelines state that “students who major in psychology should develop the capacity to transform others and become agents of positive social change” (APA, 2023, p. 37), which aligns with TLT, a
component of the conceptual framework for this study. Markedly, students cannot contribute to others’ growth and become agents of positive change if they are not well and functioning optimally.

**Skill Domains**

APA’s “Skillful Psychology Student” document outlined five skill domains for educators to consider: cognitive, social, technological, personal, and communication; it comprises 17 skills (Naufel et al., 2018). According to APA (2023), psychology programs can assist students in developing these skills as they are essential and valued by employers. Thus, for this study’s PD course, the following skills will be targeted: analytical thinking, creativity, judgment, and decision-making (from the cognitive domain); adaptability, integrity, and self-regulation (from the personal domain); and collaboration, inclusivity, leadership, and service orientation (from the social domain) (Naufel et al., 2018).

**Linking APA Guide to College Teaching Instruction Guidelines**

APA’s CABE (2020) also created the “*APA Guide to College Teaching: Essential Tools and Techniques Based on Psychology Science*” to deliver evidence-based research on concepts for teaching in higher education. The concepts and instruction strategies outlined in the college teaching guide were provided to help instructors optimize the learning outcomes presented in APA Guidelines 3.0. It is imperative to note that several techniques and concepts identified in APA’s CABE (2020) teaching guide align with the TT core teaching methods established for the study’s Integrated Teaching Model. (See Table 1 in Chapter One). Further, Table 5 illustrates the intersection between the teaching strategies from the teaching guide and TLT core methods one through six.
Table 5
Alignment of TT practices and APA Instructional Strategies

<table>
<thead>
<tr>
<th>APA Committee on Associate and Baccalaureate Education (CABE) Guide to College Teaching: Instruction Strategies</th>
<th>TT Core Instruction Methods &amp; Teaching Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help students adopt mastery goals.</td>
<td>TT Core Method 2 Objectives A-E</td>
</tr>
<tr>
<td>Provide interpersonal interactions in the classroom to foster learning.</td>
<td>TT Core Method 2 Objectives A, B, D</td>
</tr>
<tr>
<td></td>
<td>TT Core Method 3 Objective A</td>
</tr>
<tr>
<td></td>
<td>TT Core Method 5 Objective A</td>
</tr>
<tr>
<td>Intellectually challenge and encourage students.</td>
<td>TT Core Method 3 Objectives A-C</td>
</tr>
<tr>
<td>Help students set short-term and long-term goals.</td>
<td>TT Core Method 2 Objective G</td>
</tr>
<tr>
<td>Give students timely feedback to provide transformational learning opportunities.</td>
<td>TT Core Method 4 Objectives A-C</td>
</tr>
<tr>
<td>Help students learn self-regulatory skills.</td>
<td>TT Core Method 2 Objectives B-G</td>
</tr>
<tr>
<td></td>
<td>TT Core Method 6 Objectives A-C</td>
</tr>
<tr>
<td>Provide students with opportunities to transfer new skills to other contexts and providing practice opportunities to increase growth.</td>
<td>TT Core Method 2 Objectives D-G</td>
</tr>
<tr>
<td></td>
<td>TT Core Method 3 Objective C</td>
</tr>
<tr>
<td></td>
<td>TT Core Method 5 Objective A</td>
</tr>
<tr>
<td>Help facilitate students’ emotional well-being by outlining clear expectations, connecting students to campus resources, using a sandwich approach to feedback, acknowledging students’ emotions, modeling appraising stressors as challenges rather than threats, pairing diverse students for group work, and modeling inclusive teaching.</td>
<td>All the Objectives from TT Core Methods 1, 2, &amp; 4</td>
</tr>
<tr>
<td>Involve students in course decision-making to enhance “empowerment, engagement, and intrinsic motivation.”</td>
<td>All the Objectives for TT Core Method 1</td>
</tr>
</tbody>
</table>

Additionally, the following notion from APA’s CABE (2020) college teaching guide connects with the PH model used in this study’s conceptual framework, “students’ performance, learning, and development are influenced by their emotional well-being; people who have greater emotional well-being are likely to feel a greater sense of optimism in the face of stressful situations, especially when those situations are related to an obstacle or setback regarding one’s goals” (APA, 2020, p. 33). The teaching guide also provides suggestions for helping facilitate students’ emotional well-being. These recommendations are also represented in Table 5.

APA (2023) also provided Principles for Quality Undergraduate Education in Psychology to “describe the essential elements of a quality learning environment” (p. 6). Principle 1 Recommendation 6 states, “Faculty members strive to cultivate psychological safety
in their faculty-student relationships;” they are encouraged to support students’ career aspirations and professional development; and they seek to use “cultural humility and awareness to tailor support and guidance to meet students’ unique needs, minimize barriers, and provide equitable access to support” (p.7-8). Thus, the study’s course programming will also accentuate these principles.

**Considerations for Incorporating PD**

Undergraduate psychology students should be provided with experiences that are valuable to their life journey. In addition to helping students prepare for the workforce or higher education, psychological literacy can also empower students because the knowledge and skills gained throughout their program can help them adjust to stressors and challenges they may face in their job environments, family life, and communities.

Ohrt et al. (2019) expressed that “with all of the challenges that students face in post-secondary education, a focus on building resilience, teaching health coping strategies, fostering community connectedness, and implementing other wellness initiatives is imperative” (p. 264). Assessing students’ holistic wellness and helping them develop goals and skills to address the interconnections between their wellness domains can be beneficial and may lead to them improving their functioning (Ohrt et al., 2019). One way of systematically targeting PD and wellness is to integrate a wellness model in course programming. Primary prevention at this level can include group interventions (Ohrt et al., 2019). For example, this can involve educators providing psychoeducation and conducting classroom workshops and training focused on college students’ well-being (Ohrt et al., 2019).

Educators can profoundly affect students in ways that could be fundamental to their personal and professional development. Bachick and Kitzman (2020) emphasized that teaching
personal coping skills in college coursework can provide learning experiences that transcend beyond the classroom. Moreover, it gives students skills they can apply to everyday life.

The relationship between the instructor and students is also critical to student success when focusing on PD in a classroom setting. For instance, The Gallup-Purdue Index Report (Gallup, 2014) examined graduate students and found that more than 30,000 students exhibited improved engagement and well-being when they had an instructor who cared about them as individuals, made learning enjoyable, and encouraged them to pursue their aspirations.

**Group Work**

Group work can facilitate positive, self-reinforcing mechanisms of change through building trust, engaging in self-disclosure, and extending empathy and acceptance (Roarck & Sharah, 1989). Moreover, when a sense of belonging is established in group work, it can result in improved self-esteem and promote accountability and autonomy, as each member contributes to the group’s well-being group (Yalom & Leszcz, 2005, p.57)

Yalom (2005) suggested that therapeutic change is an immensely multifaceted process and occurs through the complex interaction of various guided human experiences. He identified 12 therapeutic factors that he deemed facilitators of change in group work: Instillation of Hope, Universality, Imparting information, Altruism, Development of socialization techniques, Imitative Behavior, Interpersonal Learning, Group Cohesiveness, Catharsis, Corrective Recapitulation of Primary Family Group, Existential Factors, and Self Understanding.

When these elements are present in group therapy, they increase the odds of individuals experiencing positive outcomes. Yalom’s twelve therapeutic factors are widely acknowledged as corresponding to pertinent and robust mechanisms that bring about changes through group therapy (Hauber et al., 2019). According to Yalom (2005), research has shown that “certain
individuals obtain greater benefits from group therapy than from other approaches, particularly clients dealing with stigma or social isolation and those seeking new coping skills” (p.53).

When incorporating group work in a classroom structure, it is vital to consider the following: the relationship with the facilitator is an essential factor in cultivating a safe space in the group; a sturdy relationship may not warrant positive results, but a poor relationship will certainly not produce successful treatment; early group cohesion between members is critical for positive outcomes; and it is crucial that the group facilitator remains attentive to each member’s individual experiences and addresses issues with cohesion immediately. Finally, although self-growth is an expected component of student personal and professional development, it is also imperative that educators safeguard student welfare.

**Chapter Summary**

Whether undergraduate students pursue higher-level degrees or bachelor-level jobs upon graduation, they must acquire the tools and skills to manage challenges successfully and maintain optimal functioning. Interventions and activities that stimulate self-reflection, self-exploration, and focus on individual wellness may lead to a deeper level of SA and increased wellness in undergraduate students if incorporated into undergraduate coursework. However, as evidenced in the existing literature, explicit recommendations for course materials and programming targeting these areas of PD in course curricula are needed. Thus, the purpose of establishing a teaching model and accompanying educational resources will be to explore psychology undergraduate students’ experiences with PD, examine the effectiveness of programming and training in a full-semester course, and potentially offer future recommendations for psychology instructors targeting PD goals in their psychology courses.
Chapter Two examined the study’s conceptual framework, biological models of stress, wholistic wellness, barriers to wellness, and cultural considerations regarding wellness promotion. Additionally, it reviewed some of the existing literature regarding wellness in MHPs, the ethics of professional organizations and associations in the mental health field, SA and wellness in graduate education, graduate counseling program standards, the typical stressors that graduate students experience, training in graduate programs, and various recommendations for developing SA and PD in graduate training. Chapter Two also explored literature on the PD and wellness of undergraduate students, their pathways post-graduation, the recent APA curriculum guidelines for psychology programs and associated resources, and considerations integrating PD in undergraduate coursework.
CHAPTER III

METODOLOGY

Chapter three will cover the research questions and the rationale for the study’s research design approach. Additionally, it will outline participants, sample size criteria, demographics and profiles, and data collection methods. Finally, it will provide information regarding sampling procedures, the role of the researcher, data analysis, and degree of trustworthiness.

Research Questions

The research questions included the following:

1. How would undergraduate students describe their journey through a fifteen-week wellness course incorporating individual and group interventions focusing on SA development and wellness training as an aspect of personal development?

2. How would students describe changes (if any) in their overall wellness upon completing the course? (i.e., awareness of needs, general functioning, ability to balance things)?

3. When recounting their experiences in the course, how would students convey (if at all) plans for integrating those experiences into their future personal and professional lives?

4. What feedback/recommendations would the students provide regarding course interventions/experiential exercises? (i.e., What was helpful, and what was missing?)

Research Design

According to Krauss (2005), “the constructivist view is that knowledge is established through the meanings attached to the phenomena studied; researchers interact with the subjects
of the study to obtain data; inquiry changes both researcher and subject; and knowledge is context and time-dependent” (p.759). Through a constructivist worldview, researchers can better understand how participants engage within their world and strive to make sense of it based on their perspectives (Creswell & Creswell, 2018). Additionally, transformational experiences can be studied by examining participants’ narratives (Brooks & Clark, 2001). Because individuals learn through “constructing and reconstructing” stories to derive meaning from their experiences when composing personal narratives, narrative inquiry is the best-suited methodology for studying transformational learning (Brooks & Clark, 2001). Therefore, the researcher implemented a constructivist paradigm and a narrative inquiry methodological approach in the following study to investigate the transformational learning experiences of undergraduate students who completed a fifteen-week journey through a wellness course that challenged them to focus on aspects of their personal and professional development.

**Narrative Analysis**

Narrative inquiry has been defined as a subtype of qualitative research design (Polkinghorne, 1995), an “ongoing reflexive and reflective methodology” (Clandinin & Caine, 2008, p.543), a “way of conducting case study research” (Riessman, 2008, p.11), and a method for collecting and analyzing data (Denzin & Lincoln, 2005; Ezzy, 2002). Hence, narrative inquiry can be used as a methodology, a systematic approach that provides specific direction for the procedures in a study, or as a method of data collection (i.e., steps used to conduct the research study) (Clandinin & Caine, 2008).

Narrative researchers focus on specific individuals in certain situations during particular periods. Moreover, they are interested in how participants explain and create connections between their life events (Riessman, 2008). According to Polkinghorne (1995), narrative inquiry
uses storytelling to describe human experiences. In other words, stories are constructed when occurrences are combined into a structured whole using a plot, drawing out the relational significance of events to give context to the story and reveal its meaning. As a result, individuals can express the connection between their decisions and life events through the narratives they create (Polkinghorne, 1995).

Likewise, Ricoeur (1985) emphasized that lives are narrated like literary texts. Moreover, the narrative identity is not fixed; it is open to ongoing reinterpretation as humans go through different experiences throughout their lives (Ricoeur, 1985). Thus, knowledge is established through storytelling that occurs naturally in everyday communication (Riessman, 2008).

**Rationale**

Significantly, narrative inquiry corresponded well with the TLT conceptual framework of this study. As mentioned, TLT is an adult model of learning that provides a theoretical lens to inform the pedagogy of educators seeking to provide professional development through increasing student self-reflection and self-awareness. (Fazio-Griffith & Ballard, 2016). Like narrative inquiry, TLT pedagogy emphasizes that individuals learn through “constructing and reconstructing” stories to draw out meaning from experiences.

To further highlight, Brooks and Clark (2001) outlined three advantages of using narratives to understand transformative learning: it “moves from the past to the future; spans the psychological, social, cultural, and historical dimensions both in content and form; and it includes cognitive, affective, spiritual and somatic dimensions” (p.2). Investigating content shared in personal narratives allows individuals to comprehend specific processes. Moreover, it can help individuals uncover cognitive aspects as particular dimensions of a story can reveal how individuals conceptualize their experiences.
Composing meaningful narratives as individuals learn new information encourages them to assimilate and revise material, viewpoints, and, ultimately, their identity (Brooks & Clark, 2001). Because the narrative approach often involves the use of semi-structured (open-ended) interviews, it provides an opportunity for participants to explore their stories more deeply. Moreover, having less structure to the interview process allows participants to be more open about their experiences, potentially leading to shifts down different trails, providing them opportunities to explore connections, emotions, and meanings (Riessman, 2008). Thus, implementing a narrative approach in this study can allow students to explore their experiences and connect them more deeply.

Since creating detailed narratives requires establishing a good rapport and reciprocal communication with participants, narrative researchers focus on establishing and maintaining collaborative relationships throughout the data collection process (Riessman, 2008). Moreover, they strive to cultivate relational engagement with their participants to help them make sense of their stories (Claudinin & Caine, 2008). Because open-ended interviews allow participants to have some control over the interview process, it can also help create a shared power dynamic between the researcher and participants.

Analogous to the narrative inquiry, TLT pedagogy also emphasizes cultivating a shared power dynamic between the instructor and students. Additionally, since group work was a component of the wellness course, relational engagement among peers was essential to establishing cohesiveness within groups. To further explain, showing vulnerability by engaging in individual self-reflection and reciprocal feedback in a group necessitates the participants feeling a sense of equal power dynamic. Thus, the shared power dynamic was needed in the classroom to implement the TT approach and group work successfully and in the interview
process to establish reciprocal, collaborative communication with the students who volunteered to participate in the study.

Finally, inquiry methodology is required because the narrative approach can also aid in examining various practices when improvements are part of the researcher’s desired study outcomes. Specifically, previous literature indicates that narrative inquiry methodology has been implemented in research to improve practices in “teaching, advising, and mental treatment” (Spector-Mersel, 2010). Thus, the research can use the data collected in this narrative inquiry study to gain insight into students’ perspectives regarding the effectiveness of TT methods and the experiential exercises used in the course.

In brief, having participants explore their experiences using personal narratives can help them recognize and identify personal transformations and growth gained throughout their experiences. For all the reasons mentioned above, the narrative inquiry methodology connected well with this study’s conceptual framework as it aided in investigating the transformational learning experiences of students who completed a psychology course that provided opportunities for them to focus on the following areas of PD: self-awareness, holistic wellness, coping skills, growth mindset, and social skills.

**Participants**

The study was conducted at a regional university in the Southeast. Participants included seven undergraduate psychology students who completed a fifteen-week health and wellness course (See Table 5).

**Sample Size and Criteria**

According to Patton (2015), No clear guidelines have been outlined in the existing literature that indicate a specific number requirement for the sample size in qualitative research.
However, previous literature suggested that narrative inquiry studies generally include fewer participants than other qualitative inquiry approaches (Subedi, 2021). Specifically, smaller sample sizes allow for a more in-depth exploration of participants' experiences. There were only twenty-one students enrolled in the wellness course. Seven of the volunteers participated in the study.

Tracy (2020) emphasized that “Good qualitative researchers, at the very least, engage in purposeful sampling, which means they purposefully choose data that fit the parameters of the project’s research questions, goals, and purposes” (p.82). Accordingly, the researcher used purposeful sampling to select participants for this study. Moreover, the reason for imploring purposive sampling was to access a particular subset of participants who had to meet the following criteria to participate in the study: 1) be a psychology major, 2) have the desire to pursue a graduate degree in a helping-related program or pursue a bachelor-level job in a helping-related field upon graduation, 3) have completed Psychology 377, a fifteen-week health and wellness course, in the Fall 2023 semester. This criterion was appropriate because, before the Fall 2023 semester, the wellness course did not incorporate personal development, wellness training, or group work.

**Demographics and Profiles**

Participants included five female students and two male students; four of the students identified as white, two as Native American, and one as Hispanic; six of the students identified as heterosexual, and one as bisexual. The participants' ages ranged from 21 to 44. Four students were continuing-generation students, and three were first-generation college students. All the participants were enrolled full-time at the university. In addition to being full-time students, four participants also maintained jobs; two had full-time jobs, and two had part-time jobs. Upon
graduation, six participants plan to pursue a graduate degree in the helping field, and one would like to pursue a case manager job in addiction.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Sexual Orientation</th>
<th>Employment Status</th>
<th>College Generation Status</th>
<th>Plans post-graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kate</td>
<td>21</td>
<td>F</td>
<td>White</td>
<td>Heterosexual</td>
<td>Full-time</td>
<td>Continuing generation</td>
<td>Grad school</td>
</tr>
<tr>
<td>Davis</td>
<td>24</td>
<td>M</td>
<td>Native American Indian</td>
<td>Heterosexual</td>
<td>Full-time</td>
<td>First-generation</td>
<td>Job-Addictions Case Manager</td>
</tr>
<tr>
<td>Bianca</td>
<td>21</td>
<td>F</td>
<td>White</td>
<td>Heterosexual</td>
<td>Part-time</td>
<td>Continuing generation</td>
<td>Grad school</td>
</tr>
<tr>
<td>Ashlyn</td>
<td>21</td>
<td>F</td>
<td>White</td>
<td>Heterosexual</td>
<td>Student only</td>
<td>Continuing generation</td>
<td>Grad school</td>
</tr>
<tr>
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<td>F</td>
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<td>Heterosexual</td>
<td>Part-time</td>
<td>First-generation</td>
<td>Grad school</td>
</tr>
<tr>
<td>Marie</td>
<td>36</td>
<td>F</td>
<td>White</td>
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<td>Continuing generation</td>
<td>Grad school</td>
</tr>
<tr>
<td>Talon</td>
<td>21</td>
<td>M</td>
<td>Hispanic</td>
<td>Bisexual</td>
<td>Student only</td>
<td>First-generation</td>
<td>Grad school</td>
</tr>
</tbody>
</table>

**Table 6**

**Participant Demographics**

**Data Collection Methods**

Before conducting the study, the researcher obtained approval from the University of New Orleans Institutional Review Board (IRB) (See Appendix E).

**Instruments**

The researcher developed a semi-structured interview protocol for this study that included open-ended questions and probes. Specifically, it contained four open-ended questions and eight sub-questions (See Appendix D). Accordingly, the researcher’s dissertation committee reviewed the interview protocol to ensure the questions aligned with the study’s purpose.

**Sampling Procedures**

Recruitment emails were sent to the students enrolled in the psychology health and wellness course after finalizing grades for Fall 2023 (See Appendix A). Volunteers participated
by partaking in semi-structured interviews. Participants were provided the informed consent document upon volunteering to participate in the study (See Appendix B). The researcher instructed participants to read it carefully, sign it, and return it. Participants were also encouraged to retain a copy of the consent form for their records. In addition to the informed consent, the participants completed a demographic survey (See Appendix C). The demographic survey provided a demographic profile of participants in the findings (See Table 6). The informed consent documents and demographic questionnaires were filed and locked up for record-keeping.

The researcher used pseudonyms to protect the participants' identities, maintain confidentiality, and encourage open self-disclosure. Before starting the interview with each participant, the researcher reviewed the informed consent and explained the purpose of the study to the interviewees. Additionally, the researcher discussed resources such as counseling services for participants if sharing their experiences elicited negative emotional responses. The interviews were conducted and recorded using HIPAA Zoom and then transcribed by the researcher upon completion of the interview process. Additionally, the researcher saved the transcripts using the participants' pseudonyms, so the files did not include identifying information. Recordings and transcribed interviews were password-protected on a HIPAA-compliant jump drive in the researcher’s locked office.

**Role of Researcher**

The researcher is a Caucasian 34-year-old female enrolled in a CACREP accredited Counselor Education and Supervision PhD program at the University of New Orleans. She obtained her master’s degree in Clinical Mental Health Counseling at Nicholls State University and is a Licensed Professional Counselor Supervisor (LPC-S). Additionally, she is a Psychology Instructor at Nicholls State University in the Department of Psychology, Counseling, and Family
Studies. As a first-generation college student who grew up in poverty, the researcher experienced financial constraints and other barriers when obtaining the necessary resources to begin her college education immediately upon graduating high school (i.e., acquiring reliable transportation). Additionally, the researcher experienced obstacles to wellness and other continued constraints during her undergraduate career. Some barriers included lack of healthcare insurance, time constraints associated with balancing multiple jobs, being a full-time student, and lack of knowledge regarding effective ways to maintain a healthy work/life balance.

Throughout her educational journey, the researcher learned the importance of prioritizing self-care and wellness through various sources, like her counselor training. However, university programs did not include specific systematic training for optimizing wellness. Additionally, she often sacrificed aspects of her wellness to obtain academic goals during her undergraduate career and through part of her graduate career. It was through research, personal trial and error, and guidance from mentors that she found effective ways to improve her overall wellness. As she experienced personal growth throughout her development, the researcher became passionate about wellness. Hence, she believes prioritizing wellness is imperative for sustaining optimal functioning in personal and professional life. The researcher exercises daily to maintain wellness, incorporates nutritional foods into her daily routine, and practices mindfulness and meditation.

Researchers must know their role in organizing the data and recognize how their perspectives could impact the findings configured (Polkinghorne, 1995). Riessman (2008) emphasized that despite researchers' time trying to be objective, they still bring their identity and assumptions into the interview and data collection process. Hence, Ezzy (2002) and Riessman (2008) recommended co-construction, where the investigator creates a collaborative process with participants. The emphasis on co-construction within the narrative approach is essential to the
interpretative process. Essentially, data collection can involve having more than one
collection can involve having more than one conversation with participants and having them check the investigator’s interpretations (Ezzy, 2002; Riessman, 2008).

Researchers must also consider the potential risks when engaging participants in their research. For instance, a potential risk considered before starting the wellness course and this study was that students could experience negative emotional responses when engaging in the self-reflective and self-explorative exercises associated with the wellness course. Although the researcher/instructor of the course is a licensed counselor, it would have been unethical for the instructor to provide counseling services to students. Therefore, the instructor had resources prepared to link students to counseling services if they needed additional resources during the semester or after. Additionally, the researcher had counseling resources ready to provide to the volunteers who participated in the study.

**Data Analysis**

The researcher utilized Clarke and Braun’s (2013) reflexive approach to thematic analysis to analyze the data. According to Riessman (2008), thematic analysis is an approach to narrative analysis centrally focused on content. Moreover, this approach can focus on a specific event or multiple incidents, and an “inductive process to identify themes” in the story can be used (Bhattacharya, 2017, p. 94). Clarke and Braun (2013) described their approach to thematic analysis as a method for “identifying and analyzing patterns in qualitative data” (p. 120). This flexible approach can be paired with qualitative methodologies like narrative analysis.

There are six phases to Clarke and Braun’s (2013) reflexive approach: “familiarization with the data, coding, searching for themes, reviewing themes, defining and naming themes, and the write-up” (p.121). These phases can be applied to various theoretical frameworks and
research questions. The approach is inductive in that themes do not pre-exist the analysis; they are an output of it. Themes are created out of coding. In particular, the researcher identifies themes through analytic and interpretive engagement with the data. This process is iterative, involving going back and forth with the data to confirm identified themes and checking them with participants. It also requires reflection on the researcher’s part in examining assumptions, values, and life experiences so they are less likely to impact how the data is read and interpreted. Thus, the researcher implemented reflexive thematic analysis in this study to openly explore themes within participants’ stories (Clarke & Braun, 2013).

Method of Analysis

Phase one of the data analysis consisted of familiarization with the data through critically engaging with it by reading the transcripts multiple times and repeatedly listening to the recordings. This phase also involved note-making in preparation for the coding process, which occurred in phase two of the analysis process (Braun & Clarke, 2022). In this phase, the researcher’s notes included ideas about potential patterning of meaning and questions derived from the data set.

The second phase of the data analysis, the coding process, involved reading and examining the transcript line by line for text that conveyed any meaning potentially relevant to the research questions and marking all sections with suitable label codes. In reflexive TA, “codes form the building blocks of the analysis” and lead to themes in later phases of the analytic process (Braun & Clarke, 2022, p. 52). During this phase, the researcher resisted identifying themes as it can risk foreclosing analysis (Braun & Clarke, 2022). In preparation for the next phase, the researcher collated the codes and then reviewed the dataset again to refine those codes. The research repeated this same process for each transcript.
Phase three, generating initial themes, included exploring the manifestation of similar ideas and shared meanings across different contexts within each participant’s transcript. According to Braun and Clarke (2022), “a theme has to capture a wide range of data that are united by evidence, a shared idea, sometimes quite obviously, and sometimes far less obviously, and sometimes in quite different ways” (p. 77). In this phase, the researcher shifted from examining smaller meaning units (codes) to larger meaning patterns (themes) within each transcript. Next, the researcher developed initial themes by clustering codes connected by similarities and further explored meaning patterns.

The fourth data analysis phase consisted of checking the initial themes developed in phase three through re-engagement with the entire data set. This phase aimed to create a nuanced analysis that addressed the research question (Braun & Clarke, 2022). Hence, the researcher worked toward revising themes by clarifying central organizing concepts and expanding and narrowing themes if needed. According to Braun and Clarke (2022), it is the researcher’s job to determine “the most relevant and important patterned meaning that speaks both about the data and into the existing field of scholarship; if the research question seeks to understand something experience-based, then commonality may be a key aspect to consider” especially when making assertions associated with frequency of experience (Braun & Clarke, 2022, p.102). Thus, the researcher also explored commonality by searching for similar themes across participants’ experiences.

Phase five of reflexive TA, refining, defining, and naming themes, involved further refining the original analysis of themes, which somewhat blended into the final phase, the write-up. For this phase, the researcher created names for themes and started developing definitions for
each. Additionally, the researcher worked on mapping out how to represent the themes in the findings.

The final phase of TA, the write-up, “is about deeply refining analytical work to shape the detail and flow of the analysis” (Braun & Clarke, 2022, p.118). In this phase, the researcher organized themes using an Excel spreadsheet (See Table 7 in Chapter Four). Common themes that emerged between participants were combined, categorized, and refined if needed. Then, in the write-up, the researcher illustrated participants’ experiences related to the emerging themes with direct quotes from the participant’s transcripts (See Chapter Four). Notably, participants had similar patterns of meaning concerning the research questions.

As mentioned, the researcher used reflexive journaling throughout the data analysis process to reflect on the coding process, note questions that arose from critically examining the data, comment on participant’s words and phrases that appeared to have meaning related to their experiences, reflect on recollections of her own experiences with reviewing the data, and assess potential bias in her questions throughout the interview as well as potential bias within her interpretations of the themes that emerged from the coding process.

**Data Saturation**

According to Moser and Korstjens (2018), “a guiding principle in qualitative research is to sample only until data saturation has been achieved; data saturation is reached when no new analytical information arises anymore, and the study provides maximum information on the phenomenon” (p. 4). Moreover, researchers reach data saturation when new data yields redundancy. For this study, reflexive journaling assisted with tracking and critically examining themes to confirm the achievement of data saturation. New themes emerged from participants’ stories until the fifth interview as the fourth interview brought in the last two new themes. The
three interviews that preceded the fourth did not bring in any new themes. Thus, data saturation was reached after conducting the fifth interview in this study.

Validation Procedures

Trustworthiness

The researcher recruited the participants after the university registrar finalized the students’ grades for the course. The goal of recruiting students at this point was to ensure that volunteers did not feel pressured to participate out of fear of repercussions.

Since the course instructor was the researcher for this study, she informed the students before recruitment that she would conduct the interviews to ensure they were aware of the instructor’s involvement before volunteering to participate in the study. The researcher also discussed the interview protocol, confidentiality, and potential risks when going over the informed consent so that participants had a detailed understanding before consenting. Additionally, the researcher notified the participants that they had the freedom to withdraw from the interview process at any time and could be linked to counseling services if needed.

As mentioned, despite the time a researcher spends trying to be objective when analyzing the data, the researcher’s identity and assumptions are still brought into the interview and data collection process (Riessman, 2008). For this reason, narrative scholars have recommended various validation procedures to bracket bias and help improve the trustworthiness of the researcher’s findings when conducting narrative inquiry analysis. For example, some recommendations have included transcribing interviews early, completing one’s transcriptions to immerse oneself in the data, utilizing member checking to allow participants to review transcriptions to check the investigator’s interpretations, and debriefing with peers in the same field to examine further interpretations and themes (Clarke & Braun, 2013; Ezzy, 2002;
Riessman, 2008). Incorporating these measures aids in strengthening and clarifying the investigator’s understanding and provides more sophisticated, richer results from the data (Ezzy, 2002; Riessman, 2008).

Another recommendation to increase trustworthiness is journaling thoughts, questions, and reflections that emerge during data collection to help bracket bias (Ezzy, 2002). Because semi-structured interviews can include prompts or questions that weren’t necessarily on the interview protocol, there is the potential to ask leading questions unintentionally. The researcher recognized that she was entering the research project with her own preconceived ideas and individual experiences. Thus, since the researcher was both leading the intervention and conducting research, she used reflexive journaling after each interview to explore and identify bias, subjective experiences, and values that could have potentially impacted how she interpreted the transcriptions.

The researcher also incorporated some of the other validation procedures recommended above. In particular, she transcribed the recordings verbatim within 24 hours after completing the interviews. Additionally, she utilized member checking to allow participants to review the transcribed interviews and the findings from the interpretations. The researcher also included two peer debriefers who have conducted research in the field of study as another measure to improve the trustworthiness of themes and further bracket bias. Specifically, the peer debriefers inspected the transcripts for potential leading questions asked by the researcher. These individuals also reviewed the researcher’s interpretations and reflexive journals to examine how the researcher developed the themes. As a result, member checking and peer debriefing aided in clarifying and strengthening the understanding of data and increased the trustworthiness of the findings.
Chapter Summary

Chapter three outlined the rationale for the study’s research design approach and the research questions. Additionally, it covered details regarding participants, sample size criteria, sampling procedures, demographics, data collection methods, and data analysis. Lastly, it examined the role of the researcher and outlined the validation procedures implemented in the study.
CHAPTER IV

RESULTS

Acquiring essential aspects of personal development for cultivating self-awareness, wellness practices, practical coping skills, and socially supportive relationships is crucial in preparing undergraduate students for the adjustments they will undergo as they transition from college into adulthood. As Dunne (2003) emphasized, “the end of education is the development of the student’s powers and that these powers find their most reliable means of development through engagement with well-established practices with their respective disciplines, standards, and excellence” (p. 355). Hence, outlining specific ways to provide personal aspects of professional development in undergraduate psychology programs may enhance students’ psychological readiness to transition from college life into the professional world.

The purpose of this study was to explore the experiences of students who were provided opportunities to focus on their personal development (PD) in an undergraduate psychology health and wellness course that incorporated a transformational teaching approach, wellness training, self-reflective activities promoting SA, socially supportive relationships, and coping strategies for facilitating the development of resilient mindsets. Chapter four will review the data analysis procedures and the study’s findings.

Data Analysis Procedures

Because individuals learn through “constructing and reconstructing” stories to derive meaning from their experiences when composing personal narratives, narrative inquiry is the best-suited methodology for studying transformational learning (Brooks & Clark, 2001). Having participants explore their experiences using personal narratives can help them recognize and identify personal transformations and growth gained throughout their experiences. For this study,
Braun and Clarke’s (2013) flexible interpretive approach to reflexive thematic analysis allowed for open exploration of themes within participants’ stories.

The analytic process consisted of the researcher repeatedly listening to the recordings and critically reviewing the transcribed interviews for data familiarization. Transcripts were examined, line by line, for any text that conveyed meaning potentially relevant to the research questions and marked with suitable label codes. After the codes were explored for larger meaning patterns to generate initial themes, the participants’ stories were examined to see if similar thematic elements emerged between their experiences. Then, similar themes were combined and categorized. Finally, official themes were checked to create a nuanced analysis that addressed the research questions (Braun & Clarke, 2022). Lastly, descriptions were generated for all themes.

**Data Analysis Findings**

The five overarching themes for this study included (a) a Roadmap for Navigating Wellness, (b) Group Experience, (c) Newfound Insight, (d) Personal Growth and Transformations, and (e) Moving Forward (See Table 7).

<table>
<thead>
<tr>
<th>Overarching Themes</th>
<th>Emerging Themes</th>
</tr>
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<tr>
<td>Roadmap for Navigating Wellness</td>
<td>Having a Foundation, Realistic and Attainable Goals, Structured Plan, Resources, and Space to Focus on Self</td>
</tr>
<tr>
<td>Group Experience</td>
<td>Accountability and Motivation to Persevere, Connection, Universality, Increased Vulnerability, Social Support, Safe Outlet, Networking Opportunities, Sharing Feedback, and Appreciation for Diversity in Perspectives</td>
</tr>
<tr>
<td>Newfound Insight</td>
<td>Shifts in Perspectives and Emotions, Increased Awareness, Found Clarity, and Prioritizing Needs is a Must</td>
</tr>
<tr>
<td>Personal Growth and Transformation</td>
<td>Stepping Outside Comfort Zone, Wellness and Self-Care Practices, Established Boundaries, Established Sense of Control, Increased Self-Efficacy and Self-Confidence, Behavioral and Habit Change, New Approaches to Challenges, and Professional Identity</td>
</tr>
<tr>
<td>Moving forward</td>
<td>Empowered, Commitment to Wellness</td>
</tr>
</tbody>
</table>
Roadmap for Navigating Wellness

The overarching theme of a roadmap for navigating wellness signifies the direction, guidance, structure, and resources that aided participants in developing individualized wellness plans for change. Moreover, this overarching theme captures their experiences with the course programming and demonstrates how certain elements contributed to their increased awareness and subsequent transformations. It encompasses the following subthemes: Having a Foundation, Realistic and Attainable Goals, a Structured Plan, Resources, and Space to Focus on Self.

In short, the course programming gave participants a foundation for understanding wellness and learning to self-evaluate accurately. It also assisted with creating realistic and attainable goals relevant to one’s needs. Additionally, participants were guided through establishing a structured plan and provided the proper resources to implement goals and track progress. Lastly, the course provided a space for participants to focus on themselves.

Having a Foundation

To increase competency and successfully enact change, one must acquire knowledge and awareness, which is gained through establishing a solid foundation of fundamental information. Hence, the first step in providing a roadmap for navigating wellness involved equipping students with an educational foundation for understanding wellness from a multidimensional approach. During the first half of the wellness course, students were provided psychoeducation on wellness, the stages of change, and SMART goals. Additionally, they completed an informal self-rating wellness assessment, a formal wellness assessment (5F-WEL), and other self-exploratory/reflective activities to prepare them for creating their wellness plans.

When sharing their stories, several participants recalled that the content in the wellness course helped them gain a deeper understanding of their wellness and provided a foundation for
assessing needs and building manageable plans with relevant goals. Some participants related that the 5F-WEL inventory provided a starting point for developing their wellness goals. To illustrate, Kate mentioned that the inventory helped her “realize where to start.” Similarly, Talon also expressed that the inventory was a valuable tool.

It helped me a lot with pinpointing what I needed to work on besides the major things I was working on. It gave me more of the subcomponents. It just explained more in-depth than what I was expecting. I felt this class provided more research than you can get on the internet. (Talon)

Cassandra also found the course content informative as she gained new insight about the subcomponents of wellness: “They were just things that...in my 44 years on this planet that I would have never even thought to think of when it comes to wellness.” Davis related, being able to see that “with every wellness area that we talked about, be it spiritual or physical or mental or whatever...there was what it looks like when it is bad...But also the things that could help change that wellness area.” Moreover, gaining awareness regarding how to approach changes to specific areas of his wellness reduced the nervousness he initially experienced when reflecting on his well-being. He also expressed that recognizing how the subcomponents of wellness intertwine and interact provided a foundation for understanding how certain areas of his wellness impacted others.

For Ashlyn, having a foundation helped increase her confidence in her abilities to act upon her goals, and implementing those goals allowed her to reap the benefits. She said, “It is like the foundation that the class provided me with really allowed me to be able to see things...like, I like how I feel.” Additionally, she mentioned that learning about the stages of change helped alleviate anxiety and pressure to meet her goals quickly: “It made me realize that
I did not have to go from contemplation to maintenance. There is like a lot in between.” Finally, when sharing her experience, Marie emphasized the importance of having a foundation for understanding how to manage stress healthily and how it impacts oneself personally.

**Realistic and Attainable Goals**

Another subtheme that emerged among multiple participants in connection with the overarching theme of a roadmap for navigating wellness was the advantages of having tools and guidance to assist in creating realistic and attainable goals. When recounting their experiences, four participants discussed how beneficial it was to have support with refining their goals and re-evaluating their expectations. By establishing reasonable, realistic goals, participants could envision them as reachable and manageable.

Specifically, Davis found it helpful to collaboratively discuss his goals: “You heard our ideas and then put them in a like a physical form almost. It was a back and forth that I think was needed to build the wellness plan.” He also related that having realistic, concrete goals helped him feel more confident and capable of achieving them: “Talking about it... and seeing how much time I could dedicate to certain things...uh made it all seem obtainable. It was reachable, and the goals were within my grasp.” Another participant, Marie, said that starting with three goals: “made it feel achievable; it was not overwhelming.”

Two other participants, Kate and Ashlyn, reported that readjusting their goals in the course helped them learn what worked best for them, which made it easier for them to stick to their goals and increase them progressively. Kate recounted that she initially set bigger goals and had too high expectations for herself. However, the collaborative process of establishing goals helped her readjust hers and make them more reasonable. Similarly, Ashlyn also placed high
expectations on herself when setting her wellness goals. When referring to her experience, she explained that she also had to readjust her original goals.

There was a lot of tweaking. Because in the beginning, I was definitely an overachiever with it. But then just realizing that is so not realistic, that I need to scale back and make it more attainable so that I am not so hard on myself whenever it does not work out. But because the course kind of, like, made me share it, made me talk about it. I was like, okay…readjust and be more realistic. So, I think the course was a big reality check like, you have these ideas, but those ideas cannot just go from zero to 100. You got to have stairs in there (Ashlyn).

To continue working on her realistic thinking, Ashlyn selected the third-order wellness factor of realistic beliefs as one of her three goals.

**Structured Plan**

Six participants recollected how invaluable it was for them to have a detailed plan. Accordingly, a subtheme of having a structured wellness plan emerged as an integral component of the overarching theme, a roadmap for navigating wellness. Moreover, the students’ wellness plans outlined the steps to achieve their goals and provided a method for assessing and measuring their progress.

**Bianca** found it helpful to have a structured plan to measure and track her progress. After observing the effectiveness of having a treatment plan with detailed goals, she disclosed intentions to speak to her counselor about devising a structured plan with specific, measurable goals to help them stay on track in her sessions.

Just having gone to counseling for so long, you kind of jump from like, well, this month we talked about A, and then this month we talked about B and so on…You have so many
things that happen in your life. So, you want to focus on all of it, but you cannot. So, it was almost really nice to see it laid out on a piece of paper for me. So, I could be like, this is what is prioritized first for me versus what I need to least work on. And then this is how I feel about working on them… Yeah, I will probably tell my counselor about it, and she can draw up a paper or something like yours, and we can work on it that way… so we can structure it a little bit better and stay on task with it. (Bianca)

Davis explained that the structure provided in the course (e.g., going through the process step-by-step) made it easier to set up his wellness plan. Moreover, having a structured plan helped him establish a sense of control: “It was more like a puzzle that I could solve.” Talon also found it helpful to have a structured plan. He stated, “I liked how we took steps going into it. We got into the different resources on how to help. It was very structured. We had a plan from day one to day zero and at the end, you felt like, wow, I have got a lot accomplished in 15 weeks.” Another participant, Ashlyn, communicated that she felt adequately prepared to continue executing her wellness plan post-course: “At the end of the course, I felt like I was set up to, like… continuously implement the action part of my plan.”

When discussing the wellness plan, Marie emphasized that she believed the process was effective because there were clear steps, and it was structured, starting with a foundation and assessment measures. She also related, “It unfolded exactly how I feel like it was supposed to. I feel like there had to be like a lot of structure for it then to successfully unfold naturally the way it was going to.” Similarly, Cassandra expressed, “I loved the whole process,” and going through it step-by-step “worked well.” She also mentioned, “I liked how you had that setup. I mean, you told us before each stage what was going to happen and then with you keeping up with it the way you did… it was very helpful.”
**Resources**

All participants identified specific resources in the course as tools that aided them in their journey. Thus, a subtheme of resources emerged in connection with the overarching theme of a roadmap to navigating wellness. First, journals were one of the resources mentioned as helpful tools for measuring progress toward goals and processing thoughts and feelings along the way. Second, the 5F-WEL inventory was highlighted as providing participants with more clarity on the subcomponents of wellness.

For Kate, Marie, Bianca, Ashlyn, and Cassandra, the weekly journals helped them remain accountable for implementing their goals. For instance, Kate reported that the “reflective journals were really helpful with keeping track of stuff. She also related, “At the end of the semester, when we finished, it was cool to go back and read your first journals and see the progress you made along the way.” She found it rewarding to be able to visualize her accomplishments. Likewise, Marie also stated that the journals helped her stay on track with her goals. Further, she recounted that the journals required her to slow down.

I think the class without the journals would be doing the class a disservice because it really did force us to pay attention, and it taught self-awareness. I think it helped with keeping us on task. It makes you slow down in your week and really be purposeful about paying attention to what you are doing and focus on your goals. (Marie)

Cassandra recalled facing various emotions throughout the semester due to some events transpiring in her personal life around that time. Thus, she found it beneficial “being able to document them through the journaling…and take a step back and look at it for what things were.” She also recalled that she liked how the journal prompts included specific reflective questions at the beginning of the course, “then it tapered off into just a follow-up on our
checking in on how we were doing on our wellness goals.” Moreover, she expressed, “I found benefit in all of them...but especially those first few.” Similarly, Bianca highlighted the reflective journal prompts from the first half of the semester. She stated, “It gave me time to sit down and think and just contemplate what I like...what I valued most or what I wanted to do with my wellness goal.”

As mentioned, some participants discussed other resources used in the course, such as Myers and Sweeney’s (2004) 5F-WEL Inventory and the additional resources incorporated into their Habit Change Workbook. For instance, Marie said it helped to learn about the wellness inventory. She stated, “I did not even know that survey was a thing.” Ashlyn also found the assessment beneficial: “It was really helpful. It gave you the different categories of where you can improve. And I think it gave you a valid assessment of what components you could work on.”

For Davis, having the assessment and associated resources helped alleviate the anxiety accompanying the initial realization that he had some areas of wellness that needed attention: “Knowing and being able to see on paper the areas that I was not really doing well in...and then right alongside it were the things that I could be doing to help... it was a wakeup call, but it was like a gentle alarm in the morning.” Additionally, Talon and Davis referred to the cognitive restructuring tools as an asset when recollecting their experiences. For example, Talon expressed that he liked how the exercises: “showed how your thought processes work.”

**Space to Focus on Self**

The last emerging subtheme, safe space, was added to the overarching theme of a roadmap for navigating wellness as multiple students reminisced about how the course provided them with a safe space to focus on themselves. Specifically, Davis, Ashlyn, Talon, and Marie
each mentioned feeling they had a safe space to focus on themselves and process things. To illustrate, Marie expressed:

Just having like an hour and 20 minutes to slow down and talk about what is really going on in life. I think having people saying, hey, this is what I need to work on, and then this outside support of saying, hey, that is great, let us help you get there…um, it is just immeasurable…and so that is what this class offered. It offered us the space to look within ourselves in a different way that, you know, with age, we might do.

**Group Experience**

One of the most powerful overarching themes in the study’s findings was the group experience. While the course content proved to help provide participants with a roadmap for navigating wellness, the impact of the course interventions would not have been as strong if not paired with the group work component. Participants reported various experiences that were integral to the group process. Intriguingly, although the group work portion of the courses was not structured to provide therapy, many of Yalom’s therapeutic factors for group therapy surfaced when exploring the participants’ story (e.g., Instillation of hope, Universality, Imparting of Information, Altruism, Development of Socialization Techniques, Imitative Behavior, Interpersonal Learning, and Group Cohesiveness).

The following themes were used to capture the participants’ experiences with the group work: Accountability and Motivation to Persevere, Connection, Universality, Increased Vulnerability, Social Support, Safe Outlet, Networking Opportunities, Sharing Feedback, and Appreciation for Diversity in Perspectives. Connections between this study’s group experience subthemes and Yalom’s therapeutic factors will be discussed in Chapter 5 when findings are examined in connection to the existing literature on group work.
Accountability and Motivation to Persevere

One of the subthemes that emerged as part of the group experience was accountability and motivation to persevere. The diverse groups contained students in different stages of the change process. Some participants had already been working on their wellness in counseling. Thus, students could witness their peers progress at different stages of the process and observe them utilizing practical coping skills. Multiple participants expressed that their group members helped hold them accountable for implementing their wellness plans. Furthermore, hearing about others’ progress motivated them to persevere through challenges and stay committed to their goals.

Kate, Bianca, and Cassandra reported that the groups helped them remain accountable for staying on track with their goals outside of the course. For example, Kate said, “It helped me. Keeping track of my goals with my group was good because I got to report to them weekly. So, it made it easier to keep track than you expected.” Bianca added, “I literally had my papers pulled up...like what I was working on. I was like, okay, this is what I want to work on. And this is where I want to be at the end of the semester. And it helped me have a guideline to track that. And then it was also helpful because they held me accountable to make sure I was doing what I needed to do to stay on track.”

For Ashlyn, the group motivated her to put her goals into action. She expressed that she knew she needed to focus more on her wellness pre-course but had been struggling with implementing the action stage that proceeds with goal setting. However, the groups motivated her to begin the action phase of change. Ashlyn also shared that observing other peers work toward establishing boundaries motivated her to start speaking up for herself and establishing more boundaries in specific areas of her life. Kate also revealed that the group was one of the
key factors that kept her motivated to persevere with her goals: “If I did not have my journals like to keep track... or the people... like, I probably would not have kept it up.” When discussing his experiences with the group work, Talon described the group as a motivational source for increasing self-awareness.

You felt like you wanted to be more self-aware, and you wanted to succeed more because it was easier to talk with people about the different issues you were having and about the struggles that you were facing rather than trying to do it all by yourself. And although it was individual self-awareness, you saw that you were not the only one with that self-awareness that you lacked, which also boosts more motivation to start doing what you had to do. (Talon)

He also related that group work “just elevated the class to another level. It gave more motivation for people to become well because they had that support at the end of the day, even if it was for an hour and 20 minutes, it was enough support to motivate people to do more.”

Another participant, Marie, recounted that the interactions and accountability within the group helped teach perseverance. Further, she stated:

Burnout is going to start to try and creep in, and that is when those skills are going to be important. Perseverance is going to be key. You are going to need to know how to push through these things. You are going to need that accountability. (Marie)

Connection

Another subtheme that emerged from the group experience involved students creating meaningful connections. Although most participants recalled being anxious and reluctant to participate in the group work, they gained a more profound sense of connection with their peers.
Moreover, the group provided some members protection from isolation and facilitated the
development of strong bonds.

When describing their personal experiences, Kate, Bianca, and Marie recalled
recognizing group members from having them in other courses but never getting to know anyone
on a personal level. Thus, they appreciated the healthy relationships they built within their
groups. Specifically, Kate recollected growing closer to her peers as the groups progressed.
Likewise, Davis stated, “Everyone became a little bit tighter knitted.” Talon added, “It was like
a little family within the class.”

Additionally, Bianca communicated, “It was nice and personal, and that is what I think I
enjoyed the most is that we really got to know each other and that we all seem to generally care
about one another's experiences and like helping.” Similarly, Ashlyn emphasized, “We really
ended up caring about each other. That was very relevant at the end of class whenever we talked
about our goals. And I think that also helped with anxiety because we cared.” Another
participant, Marie, stated:

I thought our group meshed well to the point where we built lasting friendships in that
class. The bonds that we created just from, like, sharing with each other spilled past that
class. When we would see each other in our other classes, we would like flock to each
other and talk and joke. There is a connection that I am going to have with them that I am
not going to have with other people because we were in this class together, and I mean,
just like the education we are gaining, that is something that can never be taken away.

Universality

When recounting their group experiences, all participants’ stories contained a subtheme
of Yalom’s therapeutic factor, universality. Within the first couple of group meetings,
participants quickly became aware that they were not alone; their peers were struggling with similar issues and facing challenges much like their own; they were not “crazy” for the thoughts and feelings they were experiencing, and they realized that self-work and growth are on-going developmental process for all humans. These insights provided a powerful source of relief for participants. Notably, many participants also reported that the group normalized numerous experiences and emotions. Yalom described this as a “welcome to the human race” experience. To illustrate, Talon stated:

You saw other people working towards their goals and trying to move forward, so you did not feel like you were alone, or it was a waste of time because other people were doing it alongside you. You saw that other people might have been struggling with the same things you were struggling with. It allowed people to see that they are not alone and that they are normal for having to struggle with the different wellness areas.

Similarly, Kate said, “I got to learn that it was not just me who had something going on…or had things to work on. Another participant, Davis, recalled, “The groups really helped, I guess, ground myself with... like I am not the only one that feels that way.” Ashlyn added: “It normalized the college experience as well as just normalizing that as people, we struggle... not just as college students but like as individuals.” She also disclosed that seeing others struggle with creating health boundaries normalized her struggles in this area. Another participant, Marie, expressed that the group provided a sense of belonging.

If you can go into a class where other students are saying, oh, you feel like you are just overwhelmed, and college is hard, and it is not what you expected, well, me too. But guess what? I am here with you, and we will get through this together. It just takes away some of that isolation. (Marie)
Lastly, Cassandra stated, “Getting to hear other feelings on what they were going through helped me feel like not alone and that we are all going through the same…this ride called college and life.” Participants also related that observing peers’ experiences with implementing their goals normalized having to readjust one’s goals and expectations. For example, Davis expressed that being able to share challenges with maintaining goals some weeks and openly disclosing a lack of motivation “just made the whole thing of not reaching your goals be not so quite as uncomfortable.” Many of the participants also learned self-acceptance as a result of experiencing universality. To illustrate, Davis indicated self-acceptance in sharing that he became “okay” with the realization that he had wellness areas that needed attention. Talon added, “It made everybody feel like… well, I am not crazy for thinking I have to work on this because other people have to work on this too. Or I am not crazy for struggling to complete this task.”

**Increased Vulnerability**

Another subtheme that surfaced from the group experience was increased vulnerability, the willingness to take risks, and lean into vulnerability by sharing personal experiences. Several participants found that hearing peers openly share beyond a surface level increased their comfort with being vulnerable in sharing their feelings and experiences.

For instance, Kate said that hearing others sharing their experiences and challenges “made it easier to talk” about hers. Davis added, “Hearing people talk about their positives or negatives with their goals and then having it be so… just open like that, made it easier to start to talk about them, made it easier to feel okay talking about them.” Similarly, Ashlyn stated:

I think the other students’ openness to it helped a lot because I am a lot more introverted as a person. But having the other students who were more extroverted and who just
shared a lot helped me realize that it is okay, that I can share a lot too. And it made everything a lot more relatable as time went on.

Talon and Marie recounted how their groups established trust and openness. Although everyone initially communicated on a surface level, by the end of the course, they related that group members were being “raw” and “real” about their experiences. Another participant, Cassandra, identified the instructor’s vulnerability modeling as a factor that encouraged vulnerability among group members: “I appreciate you being vulnerable...because how can you have a class like that and not be vulnerable yourself? If you cannot be vulnerable, how would you expect us to be?” She also indicated that the increased vulnerability within the group increased her openness to share.

**Social Support**

The students were altruistic. They supported and encouraged their group members and genuinely tried to empower one another. Multiple participants expressed experiencing sincere social support from peers in the group.

When telling their stories, Davis, Cassandra, and Marie disclosed that they experienced some complex challenges in their personal lives during the semester outside the course. Further, they all identified their groups as a supportive measure during those times. For example, Cassandra said the groups provided “a means of support during a tough time.” Other participants also described the group as a supportive network when recollecting their experiences. For instance, Ashlyn expressed, “I feel like we actually formed relationships as well as like we were rooting for each other, which was really helpful.” Davis added that even though they were doing individual work, the group worked together as a team by supporting each
other. Talon also highlighted the support offered by the group when he stated, “I felt like my group just wanted the best for each other.”

Another participant, Kate, reflected on her experience with another group member and discussed how they supported and held each other accountable for enforcing the boundaries they were setting in their outside lives. Bianca underlined that the group members remembered what each other shared and how they would check in with questions relevant to what was going on in each other’s personal lives. Moreover, she emphasized how group members showed genuine interest in each other’s wellness and shared resources, “which means they actually care.” Additionally, Marie said the group provided a support system that students typically do not have in undergrad. She emphasized how the group allowed students to build healthy relationships.

We had an opportunity to go into a class and build sustainable relationships based on healthy things. We were in each other's corners, you know, encouraging each other to do healthy things. And we were not just there for each other in that class. We were there for each other in our other classes; the bond was made stronger because of that class. (Marie)

Safe Outlet

Another subtheme that emerged from participants’ stories concerning the group experience was the theme of having a safe space. While some participants reported that the course design provided them a space to focus on themselves, some specifically mentioned the group as a safe, nonjudgmental outlet for sharing and processing experiences.

To illustrate, Ashlyn stated, “It just gave a safe outlet to discuss those issues.” Talon added, “I felt like everybody became comfortable within each other because one, we did not dog anybody...and it was really a judgment-free space.” Additionally, Cassandra expressed, “Being
able to open up freely about how you were feeling, and not once did I feel judged… that is huge…really huge.” She continued:

I think we all need a safe space to go and just tell what is on our chest. I mean, like that day that I completely broke down in the group, you know, that was a release that I really desperately needed to have. And if it were not for that group, then, you know, it would have taken me much longer to open up. (Cassandra)

Further, she related the group's support encouraged her to be honest with herself about her emotions. Another participant, **Marie**, discussed the need for undergraduate students to have a safe space to share struggles.

Undergrad can be so stressful because not only do you have the workload, but you also have the life transitions…and just adjusting to that. So, to have a place like, okay, once a week, I get to go to this place with the same people and whatever stress I have been building up…like, yeah, we have to gear it towards our goals, but we still have an open place with people we trust where we can talk about it and get that out. (Marie)

**Networking Opportunities**

A few participants mentioned the benefit of networking with peers who will likely work in the same field. Thus, a subtheme of networking opportunities arose with the group experience. Three participants found that the group experience allowed them to begin networking with their peers. **Ashlyn** related, “I really liked the group part of this course because I feel like it gave a lot of networking opportunities...like with people in my major.” **Marie** and **Cassandra** added:

They talk about the importance of the connections you make in grad school once you leave for your professional life. Well, we have the opportunity to start that as early as undergrad with a program like this. So, I think that is really pivotal. (Marie)
I feel like I have gained a better understanding of how important it is to connect with fellow students because, hopefully, you know, at some point in time, they will be some of the ones I will be working with in the future. (Cassandra)

Sharing Feedback

Examining the participants’ group experiences also revealed a feedback-sharing subtheme. Three participants expressed the benefits of having objective peer feedback and how it helped them reexamine setbacks and see positives and small victories in self-perceived failures. For instance, Talon explained, “If one did not complete a goal, we provided different options for them to take to help them reach their goal. Additionally, Cassandra related that giving and receiving feedback “felt amazing. You know, it helped validate whatever I was going through.” Further, Davis reported that the feedback provided objective viewpoints.

It made it easier to accept things and move on versus knowing you failed…and then not having anyone to say, yeah, it is okay because you still did these other things, you know, knowing that any progress is good… that helped keep it going. I think part of the reason why that (peer feedback) was able to work so well is because everyone else is removed from it except for that one individual. So, whenever they are explaining it, everyone else can see it way more objectively than the person subjectively experiencing it. (Davis)

Appreciation for Diversity in Perspectives

The final subtheme to emerge from participants’ stories associated with the group experience was an appreciation for diversity in perspectives. Four participants mentioned the benefits of having diversity between individuals and perspectives within their group. In recalling her group experience, Marie related:
It teaches empathy; it teaches open-mindedness. It teaches multicultural openness. Because, you know, not everybody in there was a white middle-class American. We had different ethnicities. We had different backgrounds. We had people who might live with their parents, people who lived in dorms, people who have come from all over…different socioeconomic statuses, different marital statuses, and situations. So, it definitely teaches a lot of skills that are that are important. There were a lot of things that were obvious that we were learning that we knew we were there to learn. And then things that came indirectly just from the experience.

Another participant, Bianca, stated that the group opened her eyes to “different perspectives.” Similarly, Ashlyn also expressed that the group exposed her to different perspectives.

The group setting opened my eyes to different perceptions. It also made me realize that we all have different outlooks on things. Some of us came from more spiritual backgrounds. Some of us had no idea what spirituality was. Some of us already worked out every day; others did not. It was just like everyone has a different lifestyle, but we are all striving for the main goal: wellness. (Ashlyn)

For Davis, seeing diversity within personal problems also provided relief in that no one judged each other because they were all struggling with different things.

Everyone in the group was so different. You know, everybody is their own person. So, knowing that no one like me was dealing with the same problems in the same way was comforting because it was just... you cannot judge someone else because they have a completely different view of things. (Davis)

Newfound Insight
The third overarching theme represented in the study’s findings was newfound insight. The following subthemes emerged in participants’ stories concerning newfound insight: Shifts in Perspectives and Emotions, Increased Awareness, Found Clarity, and Prioritizing Needs is a Must. As a result of the course programming providing a roadmap for navigating wellness and the enriching group experiences reported by the participants, they gained newfound insight into themselves and other things around them. Some of the participants had misguided beliefs about personal wellness. However, perspectives shifted through self-exploration, reflection, and exposure to different viewpoints in the group. All the participants reported that they experienced increased awareness in various areas throughout the semester.

Moreover, participants recalled gaining awareness in the following areas: their wellness, emotional triggers, behaviors that contribute to their stress, and awareness of others’ experiences and perspectives. Two of the participants specifically recollected finding clarity concerning the areas of wellness in which they needed to make changes. The last subtheme that emerged in connection to newfound insight was that prioritizing needs is a must, as four participants described gaining a deeper understanding of why it is critical to prioritize one’s needs after experiencing positive outcomes from establishing boundaries and setting aside personal time.

**Shifts in Perspectives and Emotions**

This subtheme captures participants' shifts in perspectives and emotions throughout their fifteen-week journey. Participants shared various perceptions and emotional experiences regarding their journey through the wellness course. Initially, several participants discussed feeling unsure about what to expect in the course due to its non-traditional structure. However, all the participants described their overall experience as positive.
Upon entering the course, **Davis, Talon, and Marie** were not expecting to gain new insight regarding wellness. Moreover, they assumed the course would be a cumulation of things they had learned about wellness in prior courses. Conversely, they realized the course content focused on wellness from an individual perspective, and they gained a deeper understanding of the subcomponents of wellness and their interconnections in the process. Second, **Bianca, Marie, and Cassandra** were initially confused about how the course would proceed and were unsure what to expect. However, once they gained more insight into how the process would unfold, they were intrigued and excited to engage in the self-work. To illustrate, Marie emphasized, “*Anything different in college is exciting because the whole just walking into a room and listening to your professor lecture, we do that all day. So, whenever there is something different, it is exciting. It makes you want to participate.*” In a like manner, Cassandra described feeling “*deeply about doing and being involved with it*” once she gained more insight regarding the course mission.

Two other participants, **Kate and Ashlyn**, were initially anxious about creating goals and implementing their wellness plans because they first perceived it as an added responsibility to their already stressful schedules. Contrarily, implementing their plans alleviated anxiety and helped them improve their overall stress and routines. Furthermore, **Kate** related that once she started implementing her goals, it made her “*to-do list more easier to do,*” and it decreased strain in other areas of life. For instance, meal prepping on the weekends relieved the pressure of figuring out what to cook during the week. Similarly, **Ashlyn** said implementing her goals “*became easier*” throughout the semester. At the beginning of the course, **Kate, Ashlyn, Bianca, and Cassandra** were apprehensive about the group work, but **Marie and Talon** were excited
about it. Nevertheless, as the semester transitioned, everyone experienced increased comfort and connection.

Another participant, Davis, shared that he was originally nervous about completing the 5F-WEL inventory because of past results on other stress-related inventories. He had a preconceived idea of what the results would reveal. However, his anxiety shifted to motivation “to learn more about what was not working for him and ways that he could make changes in his wellness.” After realizing that the inventory results were easier to understand than other inventories, that he perceived wellness factor ratings as positive, and that resources were provided for establishing goals for the wellness factors, Davis felt more content.

After doing it, I realized that it was very specific areas that were key to what was going on. So, though it was rough to see, it was not as bad because it did not just give me a score; it gave me a score for very specific things that I could understand. (Davis)

At first, Talon thought the course would waste his time because he had already been working on his wellness. However, he also found the 5F-WEL inventory helpful because it broke the results down into subcategories of wellness. Additionally, he explained that he became more enthusiastic about the course after engaging in self-reflective activities: “I liked how it went into more detail and was very specific about what I had to work on. It is more of an individualized thing, and it is more focused on you rather than just giving you research.” Lastly, he expressed that he went from “not wanting to be in the class to not wanting to leave the class” at the end of the semester.

As mentioned, all participants revealed that their journey through the course was a positive experience. First, Kate stated, “It was a really beneficial course. I think I learned a lot about myself.” Second, Bianca shared, “I will say that I really did enjoy this course. I think it
“was one of my favorite courses I have ever taken in the psychology department.” Third, Davis said, “It was a very positive experience overall.” Fourth, Ashlyn reported, “I felt great coming out of the course.” Fifth, Cassandra said, “It was an overall beneficial process. I think it is great that you are trying to incorporate this training in undergraduate studies.” Lastly, Marie and Talon expressed:

It was a great experience. You know, there are classes you have to take, and then there are classes that change you and your life, and you are glad that they benefit you. And you really walk away with something, and you are like, I am really glad I got to take that. And that was definitely one of these classes. (Marie)

I wish that every student who goes to college will take a class like this to help them learn about themselves. I have always wanted to help people, and I think this class really did that. It really pushed me forward in making my decision that this is the path that I want to go. (Talon)

**Increased Awareness**

The most significant subtheme that emerged with newfound insight was increased awareness. For some participants, this course was the first space for them to focus on their self-awareness. Others felt that they had prior experiences with self-awareness and were already on track because they were attending counseling. Nevertheless, several participants experienced increases in different areas of their self-awareness. Moreover, they gained a different understanding and new ways of perceiving various concepts.

When describing her self-awareness, Bianca attributed her development to counseling and journaling her emotions. Although she related that her self-awareness did not change much during the course, she stated that hearing other people’s perspectives in a group “helped shape
“her self-awareness” more. She also mentioned that she gained insight concerning how to implement what she learned during the course in her work life. Similarly, Cassandra had already been working on her self-awareness before the course. However, she related that she gained more awareness of the nutrition component of wellness. She also disclosed that her emotional awareness increased: “I have recently learned new triggers that I have, and that was through the course.” Likewise, Talon had already been working on his self-awareness. He expressed that he started being intentional about this growth area after taking a previous course taught by this instructor. He related that his self-awareness stayed the same aside from gaining more awareness of the “subcomponents of wellness that he needed to work on.”

Kate and Ashlyn gained awareness of things/behaviors/outside factors that contributed to their overall stress and impacted their functioning; they became more aware of the pressures and expectations they placed upon themselves before the course and how to establish realistic goals. Pre-course, Kate recalled that she was aware there were things she needed to work on regarding her wellness, but she was pushing it off. She stated, “But now, like, I am aware of when I need to work on something...I am more aware of like, oh, I need to take a step back and work on self-care or...I need to say no to something.” She also explained that she became more aware of time management and how certain things she had been doing led to the other issues she experienced.

It kind of led to being aware of other issues at the same time. I learned what triggers me and like to be more aware of what I need to work on. And I feel like I learned to be more gracious to others. (Kate)

Ashlyn recounted: I always like to think that I was a very self-aware person. But before this course, I always just kind of generalized it in my mind. Like, yeah, you could probably exercise more and eat better and not be so hard on yourself. But because this
course actually made me kind of document it and like go through it. I think it made me a lot more self-aware of it.

Additionally, journaling helped Ashlyn become more aware of components in her outside life that were contributing to her overall stress, and she became more aware of things she could change to combat stress. Kate and Ashlyn also shared how they realized that speaking up for themselves and setting boundaries reduced their stress and increased their patience because they felt less overwhelmed. Davis related that he considered himself a self-aware person. He explained that he was working on his awareness in counseling. However, he explained that going through the course and seeing all the different subcomponents of wellness that he had never considered impacting him so heavily heightened his self-awareness.

So, even though I am pretty aware it still helped broaden my awareness more. There were certain just key aspects in certain domains of wellness that I was sort of blind to, and learning about them and then eventually building our wellness plans made me be able to see them, period. And then I was able to deal with them a lot better.

He added: before the course, I did not realize how much one wellness area could impact others. I felt it like, yeah, my wellness would be generally impacted. But I had no idea that even though I was doing this one thing for this wellness area, it could be affecting a whole different area. (Davis)

Accordingly, he became more aware of outside factors influencing his wellness, which subcategories were impacted most, and what he could control. He also became increasingly aware of the time he was dedicating to other things over himself, resulting in no personal time. Post-course, he described his self-awareness as “very specific and focused” because now he knew what needed change and how it could change: “I know exactly what I can do that works.”
And I have a step-by-step plan pretty much in my brain to get that going. Um...So a whole lot better my awareness is.”

Another participant, Marie, also stated that she already had a high self-awareness coming into the course from therapy and personal experience. However, she gained more awareness of how every aspect of wellness is intertwined. Additionally, before the wellness class, she explained that she had never tied spirituality to physical health or connected emotion, realistic thinking, and control to overall wellness. Marie also expressed that the course journals made her think about her emotions, control, and realistic beliefs more, which brought more awareness to the forefront concerning those areas of wellness. Further, the journals helped her be more intentional about paying attention to what she was doing.

That component definitely makes you slow down and become self-aware and focus more because, I mean, stuff is happening to us all day, every day, but do we slow down and like pay attention to it? But the class makes you have to pay attention to it. (Marie)

At the same time, implementing her goals increased Marie’s awareness regarding some of the things around her and their impact on her. Additionally, while recovering from a physical injury during the semester, she realized that a big part of her identity was tied to the gym and that her relationship with exercise was not necessarily healthy.

Because I mean, like, I say it was self-care and wellness and all of that…but like it was disordered exercise. And so, I kind of needed that pulled away a little bit. But whenever you have that pulled away, you have to learn a lot about yourself, like, okay, well, I can still exercise. It is just going to look different. (Marie)

**Found Clarity**

Finding clarity was another emerging subtheme connected to newfound insight.
For two participants, the results of the 5F-WEL inventory provided clarity regarding their areas of wellness that needed improvement. When discussing how implementing a wellness plan impacted his life outside the course, Davis said:

It impacted it in a way that gave me much more certainty and clarity. I had clarity on things that I really did not know before because, though we talked about it throughout the course up to that point, I was figuring out what was going on. Taking the inventory helped me figure out exactly what was going on…and seeing the different areas in my life and how those were accumulating made me deal with them better because I could see them more clearly.

Kate added, “I was surprised with my goals (inventory results). I did not expect that would be what I would get from the quiz. But now that I have worked on it, I am like, oh, yeah... that does make sense.” She explained that after establishing goals for the wellness subfactors with which she was unsatisfied and implementing her goals, she observed changes in her stress level. This led to a deeper understanding and clarity of the original inventory results.

Prioritizing Needs is a Must

As Corey (2000) noted, “It is not possible to give to others what you do not possess” (p. 29). The last emerging subtheme associated with newfound insight was realizing that personal needs must be prioritized to function optimally. Upon reaping the benefits of intentionally making changes to improve wellness and establishing boundaries to safeguard their personal time, four participants recognized the importance of prioritizing their needs.

For example, Kate realized: “I had to take care of myself before I could take care of others.” Likewise, Ashlyn related, “You got to be able to work on yourself, or else you are going to burn out.” In sharing her experience, she recalled, “Before, I would draw myself so
thin...like being there for this person, being there for that person. But like, no, I got to be there for me first to contain my overall wellness.” Whereas Davis expressed:

I started to really think about exactly how much time I had for myself... um, exactly how much time I was giving to myself. I noticed just how much time I was giving to other things except for myself...and I do not really understand why I could not see it before, but going through this class was like the turning point to see exactly how little time I was dedicating to myself, and towards the end of it... and even now, there is so much more positivity whenever it comes to dedicating time to for myself.

Talon had also prioritized his needs because, like Ashlyn, he had spread himself thin during his first couple of years in undergrad. He voiced:

So now, at the end of this class, I feel like I have the perfect balance between all the clubs that I man, my personal life, and classes. I finally felt like I had my footing. So, like any advice to younger people, do not give up on yourself. It is okay to drop a club if it means bettering your college experience. Do not overwork yourself trying to be Mr. Everything. Because in the end, the most important thing is your needs and your wellness. Do not compromise that.

**Personal Growth and Transformation**

The newfound insight gained throughout the course led to a fourth overarching theme highlighting the personal growth and transformation experienced due to participants’ self-exploration and self-work. The following subthemes emerged in connection with personal growth and transformation: Stepping Outside Comfort Zone, Wellness and Self-Care Practices, Established Boundaries, Established Sense of Control, Increased Self-Efficacy and Self-
Stepping Outside Comfort Zone

Achieving personal growth requires stepping outside one’s comfort zone. When the participants were recounting their stories, most said they were challenged to do so throughout the course journey. Thus, a subtheme of stepping outside the comfort zone emerged in connection with personal growth and transformation.

During the semester, the students took an informal assessment, rating themselves on each wellness factor, before taking the 5F-WEL formal assessment. As a result of the 5F-WEL inventory scores and having to create a wellness plan, Bianca and Kate challenged themselves to pick wellness goals for subcomponents they would not have picked had they only completed the informal assessment. To illustrate, Kate said, “I feel like I might have picked what I wanted to focus on and not what I needed to work on.” Similarly, although Bianca was already working on her wellness in counseling, she also stepped outside her comfort zone by choosing a goal outside of the ones she was already focusing on in counseling.

I have never talked about spirituality in counseling because it has never been a big part of my life. But I wanted to work on it just because I had this thought in my mind that it was something I did not want to do or something that I knew that I did not like, which I did not want it to be. I went to an all-girls Catholic High School, and that kind of pushes you away from spirituality. So, I wanted to try to rekindle that…Not necessarily meaning that I have to go back to Catholicism. But just trying to rebuild a relationship with the universe or the God above. Having to do the wellness thing definitely made me want to
pick something I did not enjoy the most at the time. So, thanks. If it was not for the class, I do not think I would have. (Bianca)

Davis also stepped outside his comfort zone by allowing himself to accept some tough realizations about his current state of wellness upon entering the course. He related, “Because it was a class about my wellness... I could not ignore it, and I had to think about it. So, it was good.” Another participant, Ashlyn, recalled that having to implement the wellness plan “made me make the time. It made me not only aware of what I needed to work on, but it made me work on it.” In sharing her experience, Marie expressed:

You were in it. There was no way around it. You were avoiding it. I tried. Even when you were not feeling it that day, everybody was encouraging…and nobody was getting in their head. So, it pushed people out of their comfort zone, which is good because you will have to get out of your comfort zone.

For Cassandra, the self-reflective activities and group experience challenged her to be honest with herself regarding some complex emotions that resurfaced due to a family situation. She also related that the course provided an outlet for her to confront things and be held accountable by her group in the class.

You know, I could tell my family all day long, that yeah, I am fine. But the reality is no. And you know you do not want to feel like a bother to anyone. So, the course, um gave me no outs. Because ultimately, I would have just been lying to myself. So, there was no way for me to continue to lie to myself. (Cassandra)

Wellness and Self-Care Practices

Another subtheme associated with personal growth and transformation included wellness and self-care practices. Some participants' perceptions of wellness changed throughout the
course. Others had a knowledge base of wellness and were already working on it. Some participants even experienced improvements in their wellness upon completion of the course. One participant, Kate, said she could “definitely tell a difference” in her wellness upon completing the course. Further, she stated:

I feel like going in, I was more high-strung…Like I could easily snap at people. But I think I was just overwhelmed with myself. So, once I started taking a step back and doing self-care for myself, it was much easier for me to relax and be a better person to be around.

Bianca related that she was doing pretty “well” with managing her wellness before the course, as she was working on this in counseling. She did not experience any significant changes in her health. However, due to having to establish goals in the course, she integrated spirituality into her wellness practices. Moreover, she expressed, “It almost got to a point where I was excited to update specifically about spirituality because I was making so much progress in that area.” Although implementing a wellness plan did not significantly impact her life outside the course, she explained that “it did help me keep it a little bit more consistent on a weekly basis.”

Another participant, Ashlyn, stated her wellness was “awful” pre-course. She shared the following:

I definitely was not good at managing my wellness. Like even outside of those three goals that we talked about in class just… it all goes back to the action stage… because I am self-aware, and I knew I lacked, but I could not make myself do the action part of it. Definitely, maintaining my wellness before this class was always just like a fairy tale idea to me. It was kind of like, yeah, I know I got to be well to be a counselor. I have to be well to be a student and to do what I want to do. But what does that really mean?
Post-course, Ashlyn described her overall wellness as better, especially in the areas she was working on in the class. Next, Davis described his wellness using a rating scale. He rated his wellness as 43 out of 100 coming into the course. Contrarily, after gaining clarity on the areas of wellness that were being impacted, he started making positive changes. Further, upon completing the course, he said he felt control over his wellness and was less unhinged.

Likewise, Talon also used a rating system when discussing his perception of his wellness. He clarified that he was already working on his wellness before the course and scored high on the 5F-WEL inventory. Talon informally rated his wellness as an eight coming into the course because he knew there were things he still needed to work on; however, he expressed that he could not pinpoint what they were. He then rated his wellness a little higher post-course and explained that he was still working on his wellness goals from the course, which is why there were no significant changes.

I felt like I had reached my end of becoming self-aware without having to dig deeper down… whereas with this assignment in this class gave me more insight. I am now at an 8 1/2 out of 10 with wellness because I am still working toward the goals that I placed in class. (Talon)

Similarly, Marie was also working on her wellness before the course. She stated that she probably felt her best upon entering the class as she worked out multiple times weekly, ate healthy, and went to church. She also recounted shifts in her stress level while in the course because of her workload, having some responsibilities added to her plate, and dealing with an injury during the semester. Another participant, Cassandra, said her “general wellness was good” coming into the course. Conversely, she was also faced with additional stressors during
the semester. Specifically, she had to relearn her strengths and weaknesses after having a major back surgery, which affected both her physical and mental state.

Additionally, she received some distressing news regarding a close family member. Concerning her wellness post-course, she explained, “I was a little imbalanced” due to “deep-rooted hurt” that resurfaced after receiving the news. However, post-course, she discussed how she proactively took steps to build a supportive network and utilize more resources.

**Self-Care:** Perspectives of self-care and personal practices were also discussed throughout participants’ stories. Some participants already had well-established self-care practices, while others had misguided beliefs about self-care. Additionally, some participants acknowledged not engaging in self-care upon entering. Finally, three participants experienced changes in self-care practices during the course. For instance, although **Talon** was already engaging in self-care before the course, he mentioned that his self-care leveled during the class because he started incorporating balanced nutrition into his self-care routine.

Similarly, **Cassandra** began intentionally filling her body with nutritious foods and engaging in mindfulness. **Davis** expressed that he had engaged in self-care practices in the past. However, he did not engage in those practices upon entering the course. He disclosed feeling burned out and that the lack of self-care practices had impacted him heavily. As a result, he started implementing self-care practices during the course and continued post-course.

Initially, **Kate** thought self-care was only implemented when problems arose, but that perspective shifted. Moreover, upon implementing self-care practices, she realized how much those practices were needed regularly. She also identified saying “no” as a new self-care practice.
At first, I thought if you have a problem, you need self-care. But now I learned that every single person needs self-care. Before starting the course, self-care was more like relaxing and watching TV... um... I guess I really did not do that much self-care before. But now, one of my goals is to journal. So, that is a big self-care thing that I do a lot now. (Kate)

Ashlyn described self-care and wellness as separate things. She related that, for her, self-care was having time for leisure, and she had to prioritize focusing on her wellness during the semester over self-care.

I think keeping myself well while maintaining a college lifestyle was a lot easier than incorporating self-care into that... because self-care to me is like being able to do more luxurious things. I feel like I did not have really as much time for that this semester as I did for the wellness components of like exercising and eating right.

Benefits: Another component associated with the subtheme of wellness and self-care practices included recognizing the benefits of implementing wellness practices. In describing their experiences, multiple participants discussed recognizing improvements in their stress levels and functioning after implementing their goals. Kate recalled that coming into the course, she knew what wellness was, “but I guess I felt like I did not need it... like my issues were not big enough to like to need to work on, but once I started working on it, then I was like, oh, now I am much more relaxed.” Kate also witnessed changes in her relationship because she was more relaxed and “easier” to be around.

After gaining clarity and a sense of control, Davis expressed, “I wanted to learn more about what I was doing wrong with myself or hear more about the ways that I can make a change in the wellness area that I was looking at.” Ashlyn noted, “I think this course helped me really implement my definition of wellness in my life instead of it just being a definition that I
have." Further, she explained that the wellness plan made her aware of what she needed to work on, which motivated her to work on it outside of the course. Additionally, implementing the wellness plan inspired Ashlyn’s roommates to get on board, and they joined her in working on the nutrition and exercise goals she had established.

**Established Boundaries**

Learning to establish boundaries also became a significant subtheme within some of the participants' stories. Multiple participants worked on establishing boundaries in their personal and work lives after recognizing that not saying “no” or withholding true thoughts/feelings caused them more anxiety and stress. When detailing her experience establishing boundaries by saying no, **Kate** stated, “I felt like I just had to take the leap. And once I said no, the anxiety was gone. I was like, oh, wait, that was easy. It was not as big of a deal. I was like, okay, I could do that again.” **Ashlyn** also disclosed that she started being more confrontational, which she clarified as speaking up for herself.

Like I even moved forth to be more confrontational because of the wellness class.

Yeah, like speaking up when things bother me. Before this course, I had a hard time expressing, I guess, my feelings in a way, and that was not even one of the goals that I had outlined in class. But, by listening to my classmates’ issues with expressing their feelings and saying no, I realized I also have that problem. Then, the course motivated me to change that part of my life. So, I definitely… like with my roommates, have a lot easier time saying no. Before, I was more of a passive person. But now I have a lot easier time like stepping up myself and not feeling bad about it. Because it makes me less stressed out. (Ashlyn)
Similarly, **Davis** said he experienced much more positivity when he started “*Saying no to picking up shifts or just doing things that I need to do to give myself more time...taking on a lighter load in other areas so that I can keep my mental health up and I can work on my goals how I need to.*” **Cassandra** also mentioned creating a boundary with someone in her personal life.

**Established a Sense of Control**

Another noteworthy subtheme emerged from participants’ experiences: establishing a sense of control. Specifically, two participants established a sense of control by better understanding what was impacting their wellness and recognizing what they could do to improve those areas. For example, **Kate** established a sense of control when she realized she could manage her stress level upon becoming more aware of the outside factors contributing to it. She emphasized, “*I feel like if I do not stick with it (managing her stress), I will go back to old ways where I was more high-strung and not as nice.*” Additionally, she related that acquiring self-care practices helped her manage frustrations, so she did not take “*things out on other people as much.*”

Likewise, **Davis** expressed that gaining clarity about what was going on in different domains of his wellness and having a structured plan “*instead of shooting to the dark*” made his problems feel solvable, and he gained a sense of control. He recounted, “*Like even though I was going through things, and I was feeling things, I did not feel so *pause* unhinged. I felt like, yeah, that is okay because I can still do my wellness throughout this.*”

**Increased Self-Efficacy and Self-Confidence**

For some participants, seeing the outcomes of their hard work increased their self-efficacy and self-confidence. Thus, this became another central subtheme, exemplifying personal
growth and transformation. To illustrate, Kate said, “I feel like now that I am more relaxed, I am more confident in completing challenges.” Also, establishing a sense of control increased Kate’s confidence in her abilities. Similarly, Davis expressed, “I feel like I have way more capacity and capability than I did prior; even though a lot of my stressors and wellness goals have not changed, I feel way more in control now.” He also discussed discovering some of his strengths, such as saying no and being able to focus on things intently.

The ability to really focus on something and nothing but that thing, I think, is a strength that I have that I did not really see as a strength before. I can really evaluate things pick them apart and put them back together in my head and then eventually find a solution. So yeah, I feel like that is the strength now that I do not think I would have seen without this class, to be honest. (Davis)

Ashlyn stated she felt great after the course “I think it gave me like the right foot in the door (with continuing to work on her wellness). I am just definitely more in a place to maintain them.” Although Bianca was already working on her wellness, she gained increased self-efficacy. She explained that having to focus on her wellness for the course and observing her progress “made her want to keep going with what she was working on” post-course.

**Behavioral and Habit Changes**

Some of the participants made intentional changes to behaviors and habits throughout their course journey. For instance, when Davis found clarity and realized his goals were reachable, it motivated him to start assessing other areas of his life and changing his habits: “So, I started to assess my work life, school, social balance a whole lot better... and a whole lot more...more clearly, I started to be able to assess it. So, I did.” He said implementing the wellness plan did not significantly impact his life outside the course. However, “It impacted
enough to where I was changing daily habits. I was changing the way I was looking forward to goals... looking forward to anything in general.” Subsequently, Davis started creating boundaries, setting aside time for himself, saying no to things, and taking on a lighter load.

Although running was a big part of Talon’s wellness practices in the past, he expressed that he had stopped after an ankle injury. However, after establishing an exercise goal in the course, he reconnected with his passion for running, and it became a habit again.

100%. Um, with the exercise point…it gave me a new motivation to start exercising again because I had lost that motivation when I had my ankle injury. So, this gave me a new-found love for running again, the sport that I love doing and coaching. So, I credit that to the course. And I plan on continuing running, too. (Talon)

Another participant, Cassandra, began practicing mindfulness and being intentional about remaining present. She shared the following:

Others in my close circle have found that I have been more tuned into and present with them. My significant other even told me that at one point. So that makes me feel good. And it also shows me that I am actually doing the work and, you know, not just floating by. I want to leave a lasting impact on someone else…um, that is not hurtful…but more love and light. And the only way to do it is to be mindful and present. I mean… when we were talking about burnout (referring to class discussion), and you know, different things along those lines, I decided I did not want to be burned out already. I think that is where that first little seed got planted. And so, I analyzed it and came up with a pretty good solution (mindfulness).

Cassandra also added that she “slowed herself down” this semester. Additionally, she decided to face the painful emotions that she had been evading. Further, experiencing the
supportive network provided in the course led her to prioritize her wellness and get additional help. She concluded, “And if it would not have been for your class, I probably would not have done that...not to the length that I did.” Behavioral changes for Kate included setting boundaries, engaging in self-care, improving her time management, and prioritizing her wellness after witnessing its benefits. In a like manner, Ashlyn also started setting boundaries, speaking up for herself, and prioritizing her wellness.

**New Approaches to Challenges**

Some participants' approaches to challenges shifted due to newfound awareness. For instance, after working on her wellness goals and realizing that there were things that she could do to decrease her stress level, Ashlyn related that she started approaching challenges in a more realistic way (e.g., studying for exams days in advance versus the night before). She explained, “Before the course, I would just put it off to the last minute and be like, I will accomplish that when I need to... But post-course, I am thinking about things more ahead of time.”

Another participant, Davis recalled a strenuous challenge he experienced during the semester, which he was unsure how to cope. In recounting his experience, he shared that during the course, “having that idea of cognitive restructuring” helped him reframe the challenge and turn a very stressful situation into one he could manage.

It became smaller because I started to think about the things that I could do in it (lists positives). And I started to become not even just less pessimistic about it, but optimistic. It became way, way more tolerable...uh, just manageable overall because I was looking at it in a different way. I found a lot of self-control and just positivity in it. It was rough, but it got done and I came out of it with a lot of positive things that happened. So, I am just going to try to do that same exact thing every time something big has to happen. (Davis)
Another participant started approaching serious challenges with humor. Although Talon already felt confident in taking on challenges, humor became a new practice for him when facing challenging situations.

I thought I did humor very well. But it was that subcomponent of finding humor in serious situations that I did not realize I lacked until I took the quiz. So, that helped me shift my focus on just not being humorous but focusing on finding things that are… in serious situations, making jokes, and making light of it because not all the time I have to be serious 24/7 in serious situations. (Recalling a situation where he helped his teammates cope with a distressing event) I lightened up the mood by making a joke. Beforehand, I would not have done that in this situation. The humor just put everybody in a better headspace than what they were. So, I credit the class for helping me realize that and helping me take that step into becoming more humorous in serious situations. (Talon)

Professional Identity

This subtheme demonstrates the participants’ growth as future helping professionals, their understanding of the link between self-awareness and wellness, and how these relate to burnout and impairments in function in one’s professional career. All the participants reflected on the importance of acquiring self-awareness and wellness practices to combat burnout in the profession and maintain effectiveness. Moreover, they all provided a detailed response illustrating their knowledge in this area. Some participants already understood how these concepts interact and can impact one’s professional identity. Specifically, some identified other courses and attending therapy as contributing to their knowledge. Other participants experienced growth in this area due to the insight gained from class discussions.
When explaining her perception, Kate stated, “I feel like being aware is the first step to solving the problem. If you are self-aware of your own issues and working on that to be well, then you can be aware to help others with their issues.” Ashlyn related that this topic was frequently discussed throughout specific psychology courses.

I think it is important to be drilled into our curriculum because it is a reality. You want to think that you can take on all these problems and all these other people's problems, but you just cannot without maintaining some sort of wellness yourself. And, like, how can you take care of other people if you are not taking care of yourself? (Ashlyn)

Another participant, Bianca, discussed performance in relation to self-awareness and wellness.

If you are not taking care of yourself personally, you are not going to perform well in other areas. So, if you are not doing well, like if you are too stressed and you are not taking care of that and you are burnt out, you are going to affect relationships; you are not going to want to go to work. You are not going to want to do any schoolwork. (Bianca)

While reflecting on his experiences in the course, Davis expressed that he always knew maintaining self-awareness and wellness practices were important. However, upon completing the course, he gained a much deeper understanding of how crucial it is for MHPs to maintain wellness.

I always felt like taking care of yourself, and your wellness was key to being able to perform in almost anything and just do well in almost anything. Going through the course, I see that it is way more important because there are certain areas of your wellness that could be impacting areas of your job…very key areas…and your professional life in general. I always thought that it was important. But now I see it is just
way more important than I thought. It is even more set in stone how important it is to make sure your health and wellness are maintained so your professional life does not take a hit. So, it can flourish how it should, and you can perform like you should. (Davis)

**Talon** also reflected on the critical need for maintaining self-awareness and how it can impact one’s professional environment. He related that if you are not self-aware:

In a professional manner, it can start to lead to burnout. People can become burnt out in their jobs quicker than if they were well. And I think that if you are not self-aware and you do not realize the things that are going wrong, you can start projecting it negatively toward people instead of using it as motivation, using it to get well. I just think it can affect the professional manner in a very bad way. Whereas if somebody was self-aware, they might have bad days, and they might get burnt out, but I just do not think it would happen as quickly as if somebody was self-aware. (Talon)

**Marie** stated that self-awareness is everything. Moreover, she expressed that it was the key to maintaining wellness. She continued by discussing how a lack of self-awareness leads to destruction.

If a therapist is unaware of things that trigger them…um…they have to have that self-awareness to seek out their own therapy or supervision. They could cause a client never to want to seek out therapy again. I think the most important thing a therapist can do is be aware of the interventions they are using, the theories, the things coming out of their mouth, their tone, facial expressions…What is coming to their mind…Their interpretation of the client and what they are bringing into the office…What they need to work on. If you are aware of the importance of wellness and its implications on not just your personal life but your professional life, then you can implement self-care and keep...
your stress levels down. Do not wait until you start feeling burnt out; like let us just eradicate it before it happens. You may have the best intentions, but intentions without self-awareness is nothing. (Marie)

Cassandra explained how a lack of balance in wellness can impact personal and professional responsibilities.

I believe that if my body is not balanced and I do not keep it checked, just like I would keep the oil checked on my car, then I will not be any good to anyone in the work environment. So, I believe I have to constantly keep myself in check because I can imagine that could only get worse and more compounded with working… and that would not only affect me, it would affect everyone else around me, and I do not want to do that.

(Cassandra)

Moving Forward

The final overarching theme, moving forward, describes the feelings of empowerment that participants experienced because of their personal growth and transformation. This overarching theme also conveys participants’ plans for integrating new insights and practices into their future personal and professional lives.

Empowered

Multiple participants portrayed feelings of empowerment in detailing their experiences. Due to the newfound insight gained through being provided a roadmap for understanding wellness and how to put goals into action, multiple participants gained a sense of control and increased self-efficacy and self-confidence. As a result of feeling more control over their wellness and gaining confidence in their abilities, some participants expressed feelings of
empowerment. While reflecting on his journey through the wellness course, **Davis** stated that he felt empowered. He continued:

With it being so late in my college career, getting my bachelor's, um, it really sort of just helped center me in a lot of ways. Being a full-time student and worker in a relationship for the past couple of years…I was getting really burnt out. And I was not putting much time and effort into working on myself. Eventually I started going to counseling, and then I got into this class, and as soon as all that change started happening, I started to see the goals way more specifically. I started to see the resources I had and the things I could do to help change my wellness and I started to work on different aspects for the positive. Um, I was able to see the things outside of myself that were influencing me that I was just completely unaware of… while also seeing the progress that I was making within myself. (Davis)

Upon experiencing the supportive network cultivated by her group, **Cassandra** felt empowered to seek additional resources to continue focusing on her emotional wellness. Another participant, **Ashlyn**, expressed:

At the end of the course, I felt like I was set up to continuously implement the action part of my plan. This course did make me more aware of things in my life that contributed to overall stress. And now, I know some ways that I can combat that stress. (Ashlyn)

When reflecting on his journey through the course, **Talon** stated that he did not want to leave the wellness class on the last day. He also related that observing the positive changes made by peers in the course solidified his desire to pursue a career in the helping profession.

Because it showed me like… this is something I want to do now for other people. Um… teach them how to become self-aware and give them these surveys to help motivate them
and help them become their best. Going into this field is something I have always wanted…I wanted to help people, and I think this class really did that, and it really pushed me forward in making my decision that this is the path that I want to go. (Talon)

While sharing her experiences in the wellness course, Marie emphasized the empowering nature of the group dynamic.

The group sessions…the group dynamic part of it just took it to so many different levels. Like when you take that personal aspect and make people get in a circle…and like not just learn it, but we are going to apply it. Then it just totally transforms the class into something that no one has ever had the opportunity to experience. (Marie)

**Commitment to Wellness**

All participants expressed future commitments to working on their wellness moving forward. Post-course, Bianca mentioned that she was challenging herself to eat breakfast in the mornings and go to the gym. Additionally, she continued exploring her spirituality. When describing his future plans, Davis said, “I feel way more in control now. So why not absolutely keep working towards it.” He also revealed plans to take the 5F-WEL every couple of months “to see what he could work on and planned to continue using cognitive restructuring.”

Because Kate witnessed the benefits of staying committed to her wellness plan, she also intended to continue implementing it. Similarly, Ashlyn expressed that she liked how she felt when she exercised, was more intentional about nutrition, and did not “think like a crazy person.” Thus, she concluded, “So why would I not maintain that if I liked how it felt?” Ashlyn also explained how she planned to continue working on boundaries and the goals she created inside the course. Additionally, she identified a new goal to incorporate more self-care “leisure time” into her routine in the future because that area “was still lacking.” Talon also related that
he was still working on his goals from the course. He said he planned to continue running, focusing on his nutrition, and using positive humor daily.

Meanwhile, Marie reflected on a discussion in the course about wellness being a lifelong journey and stated, “We are always growing. And so, I think, you know, with my goals, emotions, realistic beliefs, and control… I mean, those are… I can see that being a lifelong journey. It is stuff that I am going to be continuing to work on.” In addition to remaining committed to her wellness, Cassandra specifically identified nutrition as something she wanted to continue working on because she was “not quite there yet.” Additionally, she said that she would be more intentional about creating connections with peers instead of isolating herself.

**Participants’ Shared Themes**

Table 8 illustrates the themes shared by the study’s participants.

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Chapter Summary

In brief, the course programming started by providing participants with a roadmap for navigating wellness, which generated newfound insight (e.g., awareness and a different understanding). These insights eventually led to personal growth and transformation. As a result, participants planned to continue implementing wellness practices in their future personal and professional lives. Noteworthy was the power of the group experience, which was also an integral part of the course. Although the course programming was helpful, without the group experience, it would not have had as much of an impact.

This chapter underlined the data analysis procedures and findings by describing the overarching themes and subthemes. The overarching themes included (a) a Roadmap for Navigating Wellness, (b) Group Experience, (c) Newfound Insight, (d) Personal Growth and Transformation, and (e) Moving Forward. Participants’ feedback and recommendations will be discussed in Chapter Five.
CHAPTER V
DISCUSSION

Chapter Five will review the study’s philosophical foundations, findings by the research question, and research findings related to the literature. Additionally, it will provide implications for educators and undergraduate programs. Next, it will outline limitations and recommendations for future research. Finally, chapter five will wrap up with the study’s conclusion.

Philosophical Foundations

The purpose of this study was to explore the experiences of students who were provided opportunities to focus on their personal development (PD) in an undergraduate psychology health and wellness course that incorporated a transformational teaching approach, wellness training, self-reflective activities promoting SA, socially supportive relationships, and coping strategies for facilitating the development of resilient mindsets. As Dunne (2003) expressed, “It is only in and through teaching, when it is successful, that students get sufficiently on the inside of different practices and disciplines to learn what it is they have to give…transformation takes place as possibilities and demands of practice elicit and shape the students’ own developing powers” (p. 366). Accordingly, it is difficult to envision how individuals could achieve competence in any practice without systematic engagement and exposure to experienced professionals within their academic discipline (Dunne, 2003).

For this study, the researcher fused three conceptual frameworks to develop course programming that targeted PD and wellness in an undergraduate psychology course. First, TLT informed the teaching practices and approaches integrated into the course programming. Second, the IS-WEL model was integrated for the purpose of providing wellness training. Third,
components of Maddi’s (2004) PH model were incorporated to support students in developing
growth mindsets and coping skills for approaching strenuous challenges.

As a result, these evidence-based models provided a theoretical framework for addressing
APA’s (2023) fifth overarching goal, personal and professional development, in undergraduate
psychology coursework with specific interventions, self-reflective activities, and experiential
exercises. Moreover, this framework aided in targeting other SLOs associated with APA
curricula goals one and three (See Chapter One). By identifying specific goals and objectives for
each of the models incorporated in this study, the researcher also focused on additional areas of
PD that were not included in the overarching goals and SLOs provided in the APA (2023) 3.0
guidelines. In addition to providing a foundation concerning teaching practices, SLOs, and
course programming, this framework also informed the research questions.

Anticipated Outcomes and Assumptions

For this study, the first anticipated outcome was that the transformational teaching
approach and course programming would stimulate self-reflection and lead to transformational
experiences wherein students gained SA through understanding themselves more deeply.
Second, students would begin cultivating the three hardy attitudes (challenge, commitment,
control) that help build resilience. Third, students would learn the value of prioritizing personal
wellness and strive for more meaningful self-care. Finally, students would recognize that
wellness is a process, not an outcome, and they would aspire to continue cultivating a lifestyle
committed to holistic wellness. Notably, as evidenced by the findings illustrated in Chapter Four,
the anticipated outcomes were confirmed by participants through the stories they shared about
their experiences.
Assumptions of the study included: The students will share their stories openly and honestly; The wellness activities will encourage students to reflect on their experiences; The students will understand the concepts related to wellness; The students will understand how a lack of SA can impact one’s professional role; The students will understand burnout and how it can affect personal functioning and effectiveness in professional practice; The students will know that growth can be experienced in the face of challenges.

As proven by the descriptions of the themes in Chapter Four and the analysis provided in this chapter concerning the research questions, the findings confirmed five of the six assumptions. Of course, it is difficult to confidently state that the first assumption, “the students will share their stories openly and honestly,” was achieved. Although it appeared that participants offered honest feedback, the researcher also considered the potential bias in participants' responses due to the researcher being their instructor.

**Research Findings Related to the Literature**

It is important to note that similar studies were difficult to locate because of the course's structure, programming, and intricately woven theoretical framework.

**Research Question 1**

How would undergraduate students describe their journey through a fifteen-week wellness course incorporating individual and group interventions focusing on SA development and wellness training as an aspect of personal development?

Throughout the course, participants engaged in extensive self-exploration and self-reflection. Additionally, they assessed their wellness, created plans, and made intentional strides toward change and growth. They also practiced providing and responding to constructive and supportive feedback. Further, they gained insight and awareness from exposure to diverse
perspectives and experiences with their groups. Four overarching themes emerged from participants’ stories concerning the first research question: Group Experience, Newfound Insight, Personal Growth and Transformation, and Moving Forward.

**The Group Experience:** The overarching theme group experience consisted of nine subthemes: (a) Accountability and Motivation to Persevere, (b) Connection, (c) Universality, (d) Increased Vulnerability, (e) Social Support, (f) Safe Outlet, (g) Networking Opportunities, (h) Sharing Feedback, and (i) Appreciation for Diversity in Perspectives. Most of the subthemes from the group experience connected well with eight of Yalom’s (2005) therapeutic factors.

Yalom’s (2005) therapeutic factors are widely acknowledged as corresponding to pertinent and powerful mechanisms that bring about changes through group therapy (Hauber et al., 2019). These therapeutic factors in group therapy increase the odds of individuals experiencing positive outcomes (Yalom & Leszcz, 2005).

Although the group work portion of the course was not structured to provide therapy, all the participants experienced multiple therapeutic factors and positive outcomes because of the group process. For example, participants gained increased self-awareness and openness to vulnerability, a supportive network through connecting with their peers, self-acceptance and a sense of belonging, and practice with reframing thoughts, showing positive regard, and sharing and receiving feedback.

Nine of Yalom’s therapeutic factors aligned with the subthemes from the group experience: Installation of Hope, Universality, Imparting of Information, Altruism, Development of Socialization Techniques, Imitative Behavior, Interpersonal Learning, Catharsis, and Group Cohesion. The following chart illustrates how the subthemes from the group experience align with Yalom’s therapeutic factors (See Chapter Four for subthemes descriptions).
Table 9
Connections between the Group Experience and Yalom’s Therapeutic Factors

<table>
<thead>
<tr>
<th>Participants’ Themes</th>
<th>Yalom’s Therapeutic Factors</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability &amp; Motivation to Persevere</td>
<td>Instillation of Hope describes how the group usually comprises individuals with different coping styles (Yalom &amp; Leszcz, 2005). Moreover, the group will likely contain members who have experienced similar challenges and successfully implemented coping resources. Hence, observing peers’ progress can inspire optimism in other group members by showing them that growth and change are achievable. Imitative Behavior explains how it is not infrequent for an individual to benefit by witnessing their group members work through a similar problem. As a result of observing peers effectively tackle problematic situations, some members may acquire new approaches to successfully solve problems and improve relationships (Yalom &amp; Leszcz, 2005).</td>
<td>As represented in the findings, participants witnessed their peers progress at different stages of the process and observed them utilizing practical coping skills. As a result, this inspired some participants to try out new behaviors that proved successful (i.e., establishing boundaries in their personal lives). Moreover, it increased optimism in some participants that they could achieve their goals if they persevered.</td>
</tr>
<tr>
<td>Universality</td>
<td>Universality refers to the conscious awareness that one is not alone (Yalom &amp; Leszcz, 2005). Many individuals come into the group process with the unsettling thought that they are unique in their misery and the only ones with overwhelming or undesirable problems, thoughts, feelings, and impulses. Despite the intricacy of human experiences, common attributes will become visible, and group members will quickly recognize their similarities (Yalom &amp; Leszcz, 2005). According to Yalom and Leszcz (2005), refuting one’s feelings of rareness is a powerful source of relief during a group’s early phases. Upon hearing others divulge personal trepidations, individuals report feeling more connected with the world and describe the process as a “welcome to the human race” experience (Yalom &amp; Leszcz, 2005, p.6). Yalom and Leszcz (2005) stated that universality cannot be appreciated separately. As group members realize their similarities to others and share their innermost concerns, they will reap the advantages of the coinciding catharsis and self-acceptance.</td>
<td>As observed in the findings, many of the participants realized that were not alone or the only ones struggling. Moreover, group members recognized similarities between themselves within the first couple of group sessions. Further, findings revealed that many participants believed their groups normalized the college experience. Additionally, some participants experienced self-acceptance. Notably, one participant experienced catharsis as she expressed feeling safe to disclose vulnerable emotions openly. This represented under the study’s subtheme, “safe outlet.”</td>
</tr>
<tr>
<td>Connection, Social Support, Safe Outlet, &amp; Increased Vulnerability</td>
<td>Altruism permits individuals to experience a sense of purpose by helping their fellow group members. Furthermore, realizing that one has something valuable to contribute to others enhances one’s self-esteem and confidence. Group members are extremely helpful to each other throughout the group process. Moreover,</td>
<td>Group members were supportive of each other and altruistic about wanting to contribute to their peer’s growth. Additionally, the groups were highly cohesive due to increased vulnerability and willingness to self-disclose. As a result, participant’s built meaningful connections. According to participants’</td>
</tr>
</tbody>
</table>
“They offer support, reassurance, suggestions, and insight and share similar problems with one another” (Yalom & Leszcz, 2005, p.14).

**Group Cohesiveness** – Research has tremendously proved that successful therapy is mediated by a relationship between the counselor and client that is “characterized by trust, warmth, empathetic understanding, and acceptance” (Yalom & Leszcz, 2005, p.54). Disclosing one’s personal experiences and then being accepted by group members seems paramount to cultivating group cohesion. Furthermore, establishing a sense of belonging within the group elevates self-esteem and meets individuals’ dependency needs. Additionally, it fosters individual responsibility and autonomy. Moreover, highly cohesive group engagement results in a greater deal of self-disclosure. For some groups (especially highly structured), rapport with the leader can be fundamental.

### Sharing feedback & Appreciation for Diversity in Perspectives

**Imparting information** refers to didactic instruction within groups and can be used in various ways (Yalom & Leszcz, 2005). Generally, this instruction operates as an initial connecting force within the group until other therapeutic factors are established. Group members obtain information and insight from the other members and the group leader. This information can be empowering, reducing the stress caused by initial ambiguity.

Multiple participants expressed the helpful nature of having feedback from peers and the instructor throughout the course journey. Markedly, another subtheme, personal growth and transformation, captures two participants’ experiences of gaining a sense of control after having a clearer understanding of themselves.

**Interpersonal Learning:** Through feedback, self-reflection, and self-observation, individuals become aware of critical aspects of their interpersonal behavior. Moreover, group members “become a better witness of their behavior and appreciate the impact of that behavior on the feelings of others, the opinion that others have of them, and the opinions they have of themselves” (Yalom & Leszcz, 2005, p.48). Hence, the group can offer a safe space for individuals to openly express themselves and obtain purposeful feedback and support, which helps develop genuine interpersonal relationships.

This therapeutic factor aligns with the study’s subtheme of safe outlet and increased vulnerability. Additionally, it connected with subthemes not associated with the group experience, such as increased awareness, prioritizing needs, and stepping outside comfort zone.

**Development of Socialization Techniques:** When group members lack intimate relationships in their personal lives, the group often provides them with their first opportunity to receive truthful interpersonal feedback. Thus, the group experience encourages the development of socialization techniques through which group members can learn effective communication skills. These skills are then transferred into one’s relationships in their outside life (Yalom & Leszcz, 2005).

The study’s findings revealed that some participants learned to communicate boundaries in their outside lives due to the group experience.
**Newfound Insight:** The subtheme of shifts in perspectives and emotions also answers the first research question. This subtheme illustrates how the participants’ perspectives and emotions regarding the courses’ PD programming and their experiences shifted throughout the course journey. Most participants initially felt apprehensive and unsure about the process as this was their first exposure to a course where they focused centrally on their PD and wellness. However, as they gained increased clarity and received guidance, support, and resources, their perspectives shifted to concentrating on cultivating a growth mindset, and they experienced personal growth and transformation due to their self-work. These results align with Maddi’s (2011) research findings that students with hardy personalities will perceive academic pressures and ongoing change as opportunities to grow and facilitate their personal development (Maddi, 2011).

**Personal Growth and Transformation:** The third overarching theme that surfaced in connection with the first research question was personal growth and transformation, which included the following subthemes: (a) Stepping Outside Comfort Zone, (b) Wellness and Self-Care Practices, (c) Established Boundaries, (d) Established Sense of Control, (e) Increased Self-Efficacy and Self-Confidence, (f) Behavioral and Habit Change, (g) New Approaches to Challenges, and (h) Professional Identity. These subthemes captured the personal growth and transformation experienced by the participants as a result of the course programming.

**Moving Forward:** The last overarching theme that emerged in relation to the first research question was moving forward; two subthemes of moving forward were (a) Empowered and (b) Commitment to Wellness. As a result of the course programming increasing awareness and insight, five participants experienced feelings of empowerment. Additionally, all participants conveyed a plan to continue cultivating a lifestyle committed to holistic wellness.

*Sub-questions for Research Question 1*
How would the students describe their wellness and state of self-awareness at the beginning of the course versus the end of the course?

Findings related to participants’ descriptions of their wellness are illustrated in the subtheme of wellness and self-care practices. During the fifteen-week course journey, some participants experienced positive changes in wellness. While other participants did not experience significant changes, they expressed that they were still in the action stage of executing their wellness goals. As underscored in Prochaska and DiClemente’s (1970) Transtheoretical Model (Stages of Change), the fourth stage of change, the action stage, requires six months of implementing and practicing new behaviors before those behaviors are successfully changed. Thus, despite some participants communicating that they were still a “work in progress,” they felt confident in their newly developed skills and could continue implementing their goals post-course.

Finally, the subthemes Increased Awareness and Found Clarity denote the participants who experienced changes in awareness upon completing the course. Multiple participants asserted that they had prior experiences with self-awareness; some were already doing self-work in this area because they were attending counseling or were challenged in prior classes to start working on their self-awareness. Nevertheless, all participants experienced increases in different areas of their self-awareness. Moreover, they gained a different understanding of themselves and others as well as new ways of perceiving various concepts.

How did the participants engage in self-care before taking this course?

Perspectives of self-care and individual practices were discussed throughout participants’ stories. Some participants had misguided beliefs about self-care. For instance, one participant thought self-care was a practice that individuals only implemented when facing difficult times.
Another participant described self-care and wellness as separate things. Some participants already had well-established self-care practices. In contrast, others developed self-care practices during their course journey.

Specifically, four participants had established their practices prior to enrolling in the course. Additionally, for two participants, self-care practices remained the same throughout the course. Notably, the data analysis revealed that three participants had established self-care practices during the course and were still committed to implementing those practices upon completion. Hence, a subtheme of self-care practices was created to represent the changes that the three participants experienced.

**What did students know about wellness coming into this course?**

Most of the participants had a broad understanding of wellness upon entering the course. Further, coming into the course, the participants described wellness as:

- “When a person is completely content with their daily lives.” (Ashlyn)
- “Being okay with yourself and maintaining your health.” (Davis)
- “Just the sense of like being happy. Mind, body, soul, that type of thing that all feels aligned... kind of like the chakras aligning if you believe in that.” (Bianca)
- “Being healthy, working out, eating, getting enough sleep, and going to church.” (Marie)
- “Making sure that you're mentally, physically, spiritually... just physically feel well within yourself.” (Talon)
- Wellness is mind, body, and spirit. Wellness is all connected. I mean, I believe that one feeds off the other one. And if I'm off in one area, I will be off in all areas.” (Cassandra)
- “I knew what wellness was, but I guess I felt like I didn't need it...Like maybe my issues weren't big enough to like to need to work on.” (Kate)

**Research Question 2**

**How would students describe changes (if any) in their overall wellness upon completing the course?**
Multiple participants described positive changes in their wellness. The findings associated with this research question are summarized and represented by the subtheme, Wellness and Self-Care Practices, under Personal Growth and Transformation in Chapter Four.

**Sub-questions for Research Question 2**

**How would students describe their experiences establishing wellness goals and tracking them in a group dynamic (i.e., sharing perspectives, providing peer feedback, being held accountable, and discussing personal progress/challenges)?**

Intriguingly, all the participants recounted positive experiences creating wellness plans and engaging in group work, as these processes led to personal growth or transformation for each participant. These outcomes are reviewed under subsequent research questions.

**How (if at all) would the wellness training/ personalized wellness plan that the students created and implemented during the course impact their lives throughout the semester?**

According to Myers and Sweeney (2004), the whole person must be explored to understand wellness. Moreover, assessing students’ holistic wellness and helping them develop goals and skills to address the interconnections between their wellness domains can be beneficial as it may improve their functioning in various areas (Ohrt et al., 2019). Upon completion of the course, five participants expressed that executing their wellness plans positively impacted their lives outside the course.

More specifically, they experienced improved functioning, enhanced relationships, increased confidence and self-efficacy, and positive behavioral and habit changes. Contrarily, due to experiencing personal extenuating circumstances during the semester, two participants did not have the same results as the other five participants. However, these particular participants
related that implementing their plans helped them be more purposeful in staying focused on their wellness during trying times.

Upon completing the course, how would students describe their perceptions of their abilities to balance life/work responsibilities and roles?

Upon completing the course, three participants expressed that after gaining awareness of things/behaviors/outside factors that contributed to their stress and becoming more aware of the changes they could enact to improve that stress, their schedules felt more manageable. Additionally, other participants mentioned being able to create a better balance in their personal lives.

How would they describe the perception of life challenges upon completing the course?

While sharing their stories, participants described their perceptions of challenges pre- and post-course. In detail, four participants' perceptions and approaches to challenges did not change. One participant recalled feeling more confident completing challenges after engaging in self-work and gaining control over her stress level. Three participants' approaches to challenges shifted due to newfound awareness, clarity, and exposure to cognitive restructuring tools. A more detailed account of the findings associated with this research question is characterized and located under the subtheme of New Approaches to Challenges in Chapter Four.

Research Question 3

When recounting their experiences in the course, how would students convey (if at all) plans for integrating those experiences into their future personal and professional lives?
The data analysis revealed two subthemes concerning this research question: Empowered and Commitment to Wellness. Five participants felt empowered with the tools and skills to continue working on their wellness upon completing the course. Additionally, even though some participants did not convey feelings of empowerment, they all identified plans to prioritize their wellness moving forward.

**Sub-questions for Research Question 3**

How would students describe their perceptions/thoughts/beliefs regarding self-awareness and wellness and how these PD areas relate to their personal and professional identity upon completing the course?

Data analysis revealed a subtheme of professional identity. This subtheme highlights participants’ growth as future helping professionals. Upon completing the course, all the participants described their understanding of self-awareness and maintaining wellness and how these concepts interact and can impact overall functioning and effectiveness in one’s personal and professional life. All the participants were knowledgeable in this area. However, four participants gained a deeper understanding of the impact of a lack of self-awareness and wellness practices on one’s professional abilities. Additionally, all participants experienced increases in different areas of their self-awareness.

Personal competence is developed by and through reflection (DiVirgilio, 2018), and counselor preparation that has included contemplative practices has demonstrated that students exhibit increased therapeutic presence, self-compassion, and self-awareness (Cigrand, 2020). Transformational learning outcomes have included acting differently, having a deeper self-awareness, and experiencing a profound shift in worldview (Stuckey et al., 2014). Reflective and exploratory activities can provide an experiential platform for increasing meaningful growth
(Guiffrida, 2005). Further, self-reflective activities can stimulate identity exploration and self-awareness development. As mentioned in Chapter Four, the participants engaged in ongoing self-reflection and self-exploration throughout the course. Thus, these practices proved beneficial to participants' professional identity development.

Would students identify any personal insight gained from specific interventions, course activities, or reflective assignments?

Most participants acquired insight from the interventions and activities associated with the course. Moreover, the insights gained throughout the course journey are captured in Chapter Four’s subthemes: Increased Awareness, Found Clarity, and Prioritizing Needs is a Must.

Implications

Experiential learning can allow students to evaluate their experiences with course materials and explore emotional reactions to work toward change and personal growth (Anderson et al., 2014). As this study argues, it would benefit aspiring helping professionals to begin personal and professional development at an earlier stage of their training. This is especially true for undergraduate students who will not pursue a graduate degree and will enter the field upon graduation.

This study’s implications are meaningful for undergraduate psychology programs. Furthermore, data from the study revealed positive outcomes, as evidenced by the participants’ personal and professional growth. Additionally, exploring the narratives of psychology students who were offered opportunities to focus on SA development and wellness in the undergraduate setting provided helpful insight into how undergraduate students perceive these developmental processes.

Implications for Undergraduate Psychology Programs
As evidenced in this study, the PD programming stimulated self-reflection and led to transformational experiences wherein students gained SA through understanding themselves more deeply; they learned the value of prioritizing personal wellness, strived for more meaningful self-care, and communicated commitments to their wellness moving forward. Psychology programs must intentionally include personal development into course curricula to help students successfully develop the life skills necessary to not only manage their professional roles and responsibilities but also to maintain optimal functioning in their personal lives so that psychological demands associated with their professional roles do not lead to burnout and wellness breakdown.

Undergraduate students should have at least one course to focus on SA, self-understanding, individual wellness, and coping skills. By offering students opportunities to begin addressing these specific developmental processes during their undergraduate career, they would have more time to explore their identities and subsume broad concepts. Educators can provide learning experiences that allow students to develop and practice skills and focus on their personal development in the educational environment. PD programming could also be integrated throughout undergraduate psychology coursework. Of course, this would require program faculty to collaborate and discuss what is being incorporated into their courses to pinpoint missing or absent components.

**Instructors Credentials**

If wellness training is implemented in undergraduate psychology coursework, having an MHP conduct the wellness training and group work may be necessary. This is because counselors have expertise in creating treatment plans, running groups, and locating required resources. For this study, the instructor's prior training as a licensed counselor aided in
developing the coursework, running groups and implementing interventions, helping the students create measurable goals, and providing adequate resources.

It is also important to note that running experiential groups in a classroom setting will also require objectivity. Thus, another reason for considering an MHP for the instructor role is that they have been trained to remain objective. As Slavich and Zimbardo (2012) emphasized, convincing students to take on specific beliefs is not an objective in transformational teaching. Therefore, it is also highly recommended that instructors engage in ongoing self-reflection when providing feedback to avoid the risk of unintentionally imposing their beliefs on students during the group process. For this study, the course instructor engaged in reflexive journaling throughout the semester to bracket this process.

**Wellness Inventory**

By having students complete the 5F-WEL evidence-based inventory, they gained a deeper understanding of their wellness. Moreover, they could pinpoint specific wellness components that needed attention. Further, the insight gained from their inventory results challenged them to select wellness goals they would not have chosen had they not recognized certain wellness domains' negative impact on others. Thus, when providing a wellness course, educators should consider incorporating an evidence-based wellness assessment as it proved beneficial.

**Reflective Journals**

Pairing reflective journals with the wellness interventions and the group work increased the effectiveness of the wellness training. Additionally, the weekly journals prompted students to engage in self-exploration. Multiple participants also highlighted the reflective journals as a tool that increased their self-awareness and kept them accountable for enacting their goals. Moreover,
they expressed that journaling helped them slow down and focus on their behaviors and how those behaviors impacted them. Hence, it would also be beneficial to incorporate reflective journal prompts to implement wellness plans in future studies.

**Group Work**

In addition to this study, other studies have shown that “certain individuals obtain greater benefits from group therapy than from other approaches, particularly individuals dealing with stigma or social isolation and those seeking new coping skills” (Yalom & Leszcz, 2005, p. 53). Moreover, when the essential therapeutic factors are cultivated, group work can powerfully influence multiple areas of a student’s personal and professional development. As Yalom and Leszcz (2005) emphasized, “The intimacy built in a group may be seen as a counterforce in a technologically driven culture; in a world in which traditional boundaries that maintain relationships are increasingly permeable and transient, there is a greater need than ever for group belonging and group identity” (p. 63).

The study’s findings showed that the group work portion of the course proved to be highly effective in facilitating the implementation of participants' wellness plans. Further, the group work led to other positive outcomes such as developing socially supportive relationships with peers that extended beyond the classroom, self-acceptance, practice with providing and receiving feedback, learning how to establish boundaries, and learning new coping skills. It is also essential to note that giving and receiving social support can be challenging when individuals lack the skills necessary for cultivating and sustaining relationships (Ohrt et al., 2019). However, as observed in the study, communication skills can be acquired through students observing modeling from the instructor and other group members.
Instructors should ensure diversity when possible and be mindful of students' developmental levels when assigning groups. However, notably, understanding students' developmental needs would require establishing relationships with them before assigning groups. Because the instructor was familiar with the students before the course, it aided in organizing the groups. Moreover, the instructor created diversity by grouping students at different developmental ranges so they could learn from one another. At the same time, the instructor also intentionally created diversity among group members’ demographics when assigning students to groups.

Another component to consider concerning group work is that students may feel uncomfortable embracing opportunities to engage in self-exploration or share experiences in a group format. Although this was not apparent in feedback regarding the group work in the course, it is still essential to note that instructors must be skilled at facilitating discussions and evaluating students’ needs while connecting discussions to experiential learning outcomes. Moreover, a balance must be struck between creating a learning climate supporting personal exploration and increased self-awareness and providing sufficient boundaries for students to feel comfortable engaging in experiential learning (Arthur & Achenbach, 2002).

Anderson et al. (2014) asserted that instructors must also consider that uncomfortable emotions associated with group engagement should not necessarily be interpreted as something negative because it is probable that these feelings are an essential part of learning. Therefore, to reduce these potential risks, the instructor must practice ongoing reflection, be sensitive to any insecurities that surface, and promote an atmosphere of support and encouragement.

*Emotional Responses*
As mentioned in Chapter Four, some of the participants entered the process with apprehension and anxiety. Due to the non-traditional nature of the course programming outlined in this study, students were still determining what to expect coming into the course. Since undergraduate students do not often receive opportunities to focus on their PD through engaging in critical reflection, self-exploration, and self-work, it is highly probable that they may be more susceptible to anxious emotions when first exposed to a class that contains these personal elements of professional development. Thus, educators must be aware and sensitive to students’ emotional processes when presenting, training, guiding, and challenging them through each experiential activity and intervention.

To reduce students’ anxiety about first exposure to PD, instructors can explicitly clarify the purpose of exploratory activities at the start of the course and continue to readdress the purpose of each activity as they are implemented. When instructors are incorporating PD requiring self-reflection and self-exploration, they must also ensure that students understand all the potential implications and risks of participating by facilitating an open discussion concerning these considerations. Additionally, they must provide students with a safe space to address their concerns about the exploratory component of the coursework. At the same time, instructors must emphasize the need for confidentiality. Although confidentiality cannot be guaranteed in group work, it is crucial to cultivate a safe space where students feel comfortable engaging in self-exploration and open discussion.

Another potential concern when implementing wellness training in a group format could include students experiencing feelings of shame when they recognize deficits in certain wellness domains (Ohrt et al., 2019). Moreover, the subsequent self-discovery resulting from self-exploration could lead to other negative emotional responses. Instructors must emphasize that
wellness is a process, not an outcome. Further, they must continuously normalize the need for ongoing self-work. As proven in the study, the therapeutic factors cultivated in the group work normalized students' struggles, which led to self-acceptance and a sense of belonging. Therefore, pairing group work with the execution of wellness plans may be essential in helping students normalize feelings experienced throughout the process.

Instructors should also compile a list of student resources before integrating group work and wellness training into course curricula. Considering some students may experience emotional responses that are not resolved through the group dynamic, some may need individual counseling to process their emotional reactions. Although the recommendations outlined in this chapter suggest that the instructors implementing wellness training and group work in psychology coursework may need to be MHPs, providing students with counseling services would be unethical as it would create a dual relationship. Thus, instructors implementing self-exploratory PD and group work into course programming must be prepared to connect students with counseling services when needed.

Another consideration would be to refrain from using evaluative measures when implementing PD programming. When course activities and supervision are focused on students’ PD and professional development in graduate programs, these learning components are generally accompanied by evaluative measures. Therefore, students who are outcome-focused and experience heightened concerns with academic performance may only engage in activities or tasks in a certain way to achieve a desired grade (Harlow & Cantor, 1994). If students do not challenge themselves or put on facades, it will impede their ability to experience transformation and personal growth. Students who experience anxiety about being evaluated may also be resistant to activities that involve reflection and discourse (McAuliffe & Eriksen, 2000). Thus, as
shown in this study, facilitating self-growth experiences during the undergraduate stage of students’ professional development, without using evaluative measures or making participation mandatory, can also aid in cultivating a supportive environment where students feel comfortable approaching this exploratory process from a non-defensive stance. Instructors can incorporate quizzes or other assignments not associated with the PD programming if assessment measures are required for their course. Additionally, they can offer participants points for engagement in PD activities.

**Implications for Counselor Educators**

Awareness training has been emphasized as a critical component of graduate student professional development consistently across counseling literature (Collins & Pieterse, 2007; McWilliams, 2004; Pieterse et al., 2013; Richardson & Molinaro, 1996; Stolenburg, 2005; Sue et al., 1982, 1992; Wilkinson, 2011; Yager & Tovar-Blank, 2007). Furthermore, CACREP has continuously underscored the importance of counseling trainees' personal and professional development (CACREP, 2001, 2009, 2016). Students who do not voluntarily step outside their ‘‘comfort zone’’ to interact with their peers will miss being exposed to life experiences, worldviews, and opinions different from their worldviews (Rooney et al., 1998).

For graduate students to reach optimal development, the process should be started during their first semester of coursework before they hit the program's training process. This preparation could potentially enhance graduate students’ performance when they reach the evaluative portion of the program. However, as noted in Chapter One, previous literature examining counselor education has shown that SA and self-care are typically monitored during the supervised phase of graduate students’ training (Pieterse et al., 2013; Thompson et al., 2011; Wilkinson, 2011). One explanation for the lack of systematic training targeting PD in graduate coursework is the
time demands of meeting curriculum and clinical training requirements, as they often limit graduate programs’ opportunities to teach wellness practices.

While this may be true, it is also risky to wait until students are in the supervised clinical phase to monitor and target PD. Specifically, if PD is not addressed during earlier stages of graduate students’ development, deficits in their PD will not be detected until they begin direct contact with clients. If it is not possible to provide training targeting PD in introductory coursework, then another consideration would be for Counselor Educators to create continuing education workshops for graduate students. Then, make the workshops mandatory for students during their first year in counselor education programs.

Lastly, as mentioned in the implications for undergraduate psychology programs, providing SA and wellness training in psychology coursework may require educators to have specific credentials. Counselor Educators are also MHPs. Thus, they could create PD workshops and deliver them in undergraduate psychology courses. Further, this could develop partnerships between undergraduate psychology programs and counselor educator programs.

**Cultural Considerations for Group Work**

Educators providing PD and wellness training should regularly acquire continuing education units in multiculturalism. These individuals must be prepared to address diversity issues and allow ample space to process new material when requiring students to engage in group work. Additionally, experiential components must be structured to challenge and support students as they navigate the different stages and facets of the group experience (Anderson et al., 2014). Accordingly, future research should focus on diversity training for educators.

Noteworthy, previous literature has shown that minority college students in Predominantly White Institutions (PWI) can encounter various conflicts during the identity
formation process when trying to maintain their own racial/ethnic heritages while having to acclimate into the mainstream norms of a PWI college (Kim et al., 2021; Watkins et al., 2010). This can impact their ability to explore or express their identities fully. For this reason, culturally different students may be reluctant to share their perspectives in group exercises (Parker et al., 2004). Thus, educators need to be aware of the complex emotions that students may struggle with when creating experiential exercises so that they can support their identity development process without further marginalizing them (Watt, 2006). Further, instructors must act as role models by demonstrating cultural sensitivity (Parker et al., 2004).

It is also important to note that SA and identity exploration can challenge white students when examining personal biases and experiences with culturally different groups. Moreover, many students may be unprepared for the strong emotions they encounter in a personal growth group when exposed to multicultural issues (Arthur & Achenbach, 2002; Parker et al., 2004). Furthermore, a major realization for students often involves discovering their “‘worldviews are not only composed of our attitudes, values, opinions, and concepts; they may also affect how we think, define events, make decisions, and behave’” (Sue & Sue, 1999, p. 166). Sue and Sue (1999) affirmed that some white students may consciously or unconsciously exhibit beliefs, values, and opinions that reinforce the “white” perspective on life without considering the experiences of individuals outside the dominant group. This realization can lead students to intentionally avoid sharing their perceptions for fear of offending culturally different peers in meaningful group discussions (Parker et al., 2004).

Accordingly, white students experiencing these challenges will need to overcome them. Moreover, teaching concepts to increase multicultural competence without attending to potential implications and emotional reactions is insufficient. For this reason, it is vital to help students
process their experiences and reactions. Fostering the development of cultural humility will require continuously learning about and being exposed to racial, cultural, and social issues. Therefore, these topics must be addressed. It is imperative that white students understand and acknowledge the privilege their social status gives them “to achieve an appreciation for diversity in their life and not impose majority culture on others” (Torres et al., 2009, p. 584). These potential concerns outlined in previous literature were critically considered throughout the designing and running of the experiential groups in the wellness course.

Whether students are “members of a majority or minority group,” they must be aware of the role social status plays in how individuals in the United States perceive race (Torres et al., 2009, p. 584). Moreover, when providing wellness training, it is crucial to remember that all minority groups and underserved populations experience systemic barriers to accessing health care (Agency for Healthcare Research and Quality, 2014). Further, marginalized groups experience health disparities, “differing health outcomes driven by social, economic, and environmental disadvantages experienced by certain groups of people in the conditions in which they live, learn, work, and play” (Ohrt et al., 2019, p. 34).

Second, it is also essential to consider that stress is subjective and experienced differently. More specifically, how individuals perceive stress will be highly informed by the individual’s culture, race, class, etc. (Ohrt et al., 2019). The only way to start improving wellness is to identify and address the social determinants of health and examine how they add to an individual’s stress (Ohrt et al., 2019). Hence, the instructor addressed social determinants and barriers to wellness experienced by different groups in the study’s wellness course and facilitated open discussions regarding cultural considerations in the classroom before wellness plans were created and groups started.
Educators must also be mindful of the barriers experienced by marginalized students not only to facilitate open classroom discussion but also to effectively assist students with finding the proper resources needed to obtain their wellness goals. The considerations outlined in this section also highlight the need for a trained professional to provide wellness training and group work in the academic environment. Specifically, the instructor’s professional training, experience, and continued education units aided in implementing wellness training, facilitating educational discussions about systemic barriers and health disparities experienced by marginalized groups, helping students find resources when establishing their goals, and modeling intercultural responsiveness during group work.

**Ethical Considerations for Group Work**

The counselor educator is responsible for structuring experiential groups to foster growth while intentionally trying to diminish potential ethical risks (McCarthy et al., 2014). Thus, when creating the PD programming for the wellness course, the researcher sought previous studies on experiential PD groups in undergraduate psychology programs and counselor education programs. Due to insufficient research regarding PD groups in undergraduate programs, the studies reviewed predominately involved graduate students in counselor education programs.

In studies involving experiential groups in a classroom structure that were focused on identity development, self-awareness, and multicultural competence at the graduate level, the following ethical considerations and recommendations for conducting groups were identified repeatedly: using careful consideration when choosing experiential activities to ensure that they purposefully connect to a specific course competency and do not marginalize students (Arthur & Achenbach, 2002); informing students that their participation is voluntary in the experiential components (Arthur & Achenbach, 2002; Davenport, 2004); not using experiential learning
components as a method of evaluation (Anderson et al., 2014; Arthur & Achenbach, 2002; Luke & Kiweewa, 2010); and establishing a safe environment by creating boundaries for self-disclosure and peer feedback (Arthur & Achenbach, 2002). Lastly, to safeguard the intersecting roles of the instructor acting as a facilitator, educators should follow the code of ethics of the American Counseling Association and the Association for Counselor Education and Supervision (Osborn et al., 2003). All these recommendations were implemented in this study.

**Participant Recommendations**

**Research Question 4**

The participants provided the following feedback concerning the fourth research question: *What feedback/recommendations would the students provide regarding course interventions/experiential exercises?*

Multiple participants cited the 5F-WEL inventory, the structured wellness plan, group work, and self-reflective journals as essential components of the wellness course. Additionally, they expressed that everything incorporated in the course had a vital purpose because they needed to have a foundation of wellness, take a wellness assessment, and engage in self-reflection to create wellness goals. Noteworthy, all the participants expressed wanting more group sessions. One participant specifically suggested combining some of the PowerPoints to reduce the days designated for the psychoeducation component of the course.

Concerning the group work, one participant mentioned interjecting more due to a couple of instances where certain group members exceeded their time limit for sharing. Another participant suggested spending a little more time discussing and examining the 5F-WEL inventory. He also emphasized the need to continue offering opportunities for students to meet with the instructor individually to receive assistance with the goal-setting process. Further, he
explained that having the opportunity to collaborate with the instructor and gain “outside input” when narrowing down his wellness goals was “key” to establishing the wellness plan because it helped him critically examine his thoughts.

Two other participants recommended turning the course into a three-hour lab so that the entire process lasts longer. Additionally, one of those participants also suggested incorporating a small “non-serious” icebreaker on the first day to help students get to know each other. Another participant specified that the journals and the group work needed to remain paired components of the course because they “fed off each other.” Lastly, one of the participants recollected, noticing that one student in her group was shy and took a while to talk. Thus, she suggested allowing shy students to meet individually with the instructor to share their progress so the instructor could relate it to the group. Although this was a thoughtful suggestion, it could defeat the purpose of challenging students to step outside their comfort zone. Furthermore, it could hinder students from developing a social support network and practicing communication skills essential to their professional development.

Sub-question for Research Question 4

Participants also responded to the following sub-question: What educational components do students believe are needed in their program to help them thrive? One participant expressed that having a wellness course earlier in her program would have been even more beneficial. She disclosed that she knew nothing about these concepts during her first year (e.g., awareness, wellness, self-care). However, she also admitted it probably would have been less effective during her first year because she was too shy and was still adjusting to the new environment. Therefore, she suggested providing this PD and wellness training to sophomores.
Another participant proposed providing undergraduate students with a time management course in addition to a wellness course. He asserted that time management is the most challenging part of college, especially for freshman and first-generation students. Oddly, before the instructor rebuilt the wellness course for this study to focus centrally on providing students’ PD, she had time management activities inside the course. However, the instructor did not integrate them into the new course programming. Thus, the instructor will incorporate time management activities into the course in future semesters.

Three participants suggested that the course become a general education requirement for all students because “it would help them learn about themselves and their community” and benefit them by “getting help pinpointing what they can work on.” At the same time, this participant also discussed the need to change how students perceive tutoring because many see it as a “bad thing” and would “rather fail than use the services.” Therefore, it is often an underused resource that could aid in improving students’ performance. Additionally, the same participant expressed that universities “could do a better job” of ensuring students who are not involved in extracurriculars are also “heard” and that they “know whom to go to for help.”

While reflecting on her experiences when entering the undergraduate environment for the first time, one non-traditional student participant emphasized that having a support system is paramount in college. She stressed the need for training on SA, wellness, and life skills at the undergrad level and disclosed that she was under-resourced with no guidance, her life was chaotic during that time, and she only knew what self-care was once she began therapy years later. Additionally, she suggested that a wellness course could be an excellent filler for students who do not have resources like therapy and stated that everything covered in the wellness course “could be taken outside of the classroom and applied to everyday life.” She also added:
Let us teach college students how to manage and navigate stress healthily before they burn out. These are life skills, and they are so much more applicable than university studies. A course like this gives students a healthy foundation to get through the rest of their college years and onward to help other people successfully. So, if we can offer that to people sooner, we will see the long-term benefits.

Similarly, another non-traditional student recommended providing undergraduate students with more courses incorporating personal development. She asserted that it is vital that students have opportunities and safe spaces to focus on their PD and wellness. This participant related that she also experienced challenges her first time in college, which led to her resignation.

A final recommendation from another participant just underscored the importance of ensuring students have resources like those provided in the course. Furthermore, she mentioned campus events like “Stress less Fest,” where the counseling center offers fun activities to help students destress around finals, are an attempt to “put a Band-Aid on a broken arm.” Students need educational resources and training to effectively manage their stress and improve their wellness.

**Limitations and Delimitations**

**Delimitations**

A delimitation of this study is that only some aspects of the PH model were implemented rather than its entirety. Additionally, it is important to note that students did not undergo Maddi’s HardiTraining provided by the Hardiness Institute. Therefore, implementing the entire training may be helpful for future research. Another delimitation of the study was that the students did not complete the whole Five Factor Wellness and Habit Change Workbook (Myers & Sweeney, 2006). For this study, the instructor had students focus on creating goals for three of the
seventeen third-order wellness factors. Thus, having students complete the entire workbook and develop goals for every third-order wellness factor may also be helpful for future research. Of course, in this case, the programming outlined in this study would need to be expanded across a sequence of courses for effective implementation.

**Limitations**

One limitation of the study was that the self-report interviews may not have captured students’ whole experience with implementing wellness plans (i.e., perceptions may not have translated to reality). A second limitation was that the instructor and the researcher were the same person, which could have impacted the participants’ responses to the interview questions. Additionally, the instructor had a well-established rapport with the students before the wellness course. This could have contributed to students’ willingness to participate in the PD programming and openness to self-disclose personal information.

A third limitation to consider is that because the instructor had previously taught all the students, there was familiarity regarding their personality structures and developmental ranges. As a result, it aided in being purposeful about creating balance when assigning groups and may have also contributed to the positive outcomes in the findings about group work.

A fourth limitation to consider was that the positive outcomes concerning the course programming could have resulted from students starting their PD process before the course. For example, some students had prior courses with the instructor of the wellness course and other professors who touched on self-awareness development. In fact, some participants specifically identified those courses as a factor contributing to their SA development. Additionally, some students were in therapy and already doing self-work pre-course. Thus, some participants already
had a basic understanding of wellness and had been implementing self-care practices established in counseling.

Another limitation was that only seven of the twenty-one students were interviewed. Therefore, it is impossible to state with certainty that all the students had positive experiences with the course programming and group work. Although there were multiple volunteers and not all participated in the study, it may have been that only students who had positive experiences in the course decided to volunteer. Finally, the sample size was small. Therefore, the findings may not be generalizable. However, despite the limitations, this study offers valuable insight into how undergrad students perceive personal development opportunities.

**Recommendations for Future Research**

The study’s findings indicated that the wellness course increased participants’ self-awareness and improved multiple participants’ wellness practices.

**Undergraduate Psychology Programs**

The following section outlines recommendations for undergraduate psychology programs. As mentioned in Chapter One, the recent version of APA guidelines 3.0 (2023) for undergraduate psychology curricula specifies personal and professional development as one of the five overarching goals. However, the APA’s operational principles articulate that no specific curriculum or course content is associated with the learning outcomes outlined in the recent guidelines. Another limitation of the new APA (2023) PD goal is that there are no recommendations regarding which psychology courses the new fifth overarching goal should be housed in.

This study provided a teaching model and outlined specific PD programming to be incorporated into a psychology wellness course to address limitations associated with the new
APA personal and professional development goal. Notably, the programming performed in the course was successful, as evidenced by the study’s findings. Therefore, the first recommendation for a future study could be to examine the same participants a year after graduation to see if they maintained wellness practices and growth mindsets due to the course. This could provide helpful information regarding the course’s effectiveness long-term. A second potential direction for future research would be to examine several undergraduate psychology programs to observe the types of PD integrated into each program. Additionally, comparing the effectiveness of each program’s PD could be another avenue for future research.

A third recommendation for future research would be to offer a wellness course in all undergraduate psychology programs. Then, examine the wellness course's effectiveness by conducting a longitudinal study comparing students who took the course to those who did not. Because the findings in this study indicated that some students experienced initial apprehension, as this was their first exposure to a course with PD programming, a fourth recommendation would be to measure levels and the causes of anxiety about the process.

As mentioned, the 5F-WEL inventory was highlighted as one of the most helpful tools in the course because it offered insight and clarity regarding participants’ wellness. Thus, a fifth recommendation would be to conduct a quantitative study using the data from the students’ 5F-WEL assessment results. More specifically, having students take the inventory before implementing wellness plans and then having them retake it at the end of the course to compare progress results.

Future research could also focus on the quantity of education units required for educators who are not mental health professionals to deliver SA and wellness training competently. Another potential direction for future research is to develop continuing education units that
Counselor Educators could provide to undergraduate psychology programs. Finally, although self-awareness and engagement in wellness practices are part of MHPs' ethical obligations to avoid causing unintentional harm to clients, all students need self-awareness, wellness, resilient mindsets, and healthy coping skills regardless of their major. Therefore, a final recommendation would be to make a wellness course a general education requirement for all undergraduate programs.

**Counselor Education Programs**

Although the APA (2023) guidelines 3.0 highlight the need to include personal development in undergraduate programs, it does not define how or when those programs should stop. As Chapter One mentions, self-awareness and wellness training should start at the undergraduate level and continue into graduate school. Hence, future research could analyze the preparedness of graduate students who completed wellness training and other areas of PD during their undergraduate psychology coursework.

While this study focused on undergraduate psychology students, it is also imperative to note that graduate students also need wellness initiatives regardless of whether the wellness opportunities are a refresher or something new. Accordingly, Counselor Educators must purposefully provide counselors-in-training opportunities to develop essential wellness practices and cultivate self-awareness during their graduate training. Thus, future studies could examine ways to provide these opportunities in introductory coursework or through continuing education units during students’ first year of graduate school. In brief, more research is needed to see the impact of self-awareness and wellness training on counselors-in-training and to examine how graduate students participate in wellness and whether they continuously demonstrate those approaches post-training.
Conclusion

Chapter Five reviewed the study’s philosophical foundations, examined the research findings concerning the research questions, and discussed the research findings related to the literature. It also provided implications for undergraduate psychology programs and Counselor Educators. Lastly, it reviewed the study's limitations, delimitations, and recommendations for future research.

This study provided helpful insights into undergraduate students’ perceptions of their experiences with PD programming and wellness. Additionally, it offered recommendations for targeting APA’s (2023) PD goal in a psychology course and specific PD programming for addressing SA development, wellness, and other necessary life skills in undergraduate psychology course curricula. Further, the study’s findings emphasized the need to empower students with opportunities to focus on their PD and acquire wellness practices and adequate coping resources.

As evidenced in this study, when students gain a deeper self-understanding and are well-equipped with resources and tools, they can adequately self-assess, which increases their sense of control, self-efficacy, and self-confidence. Taking steps to provide students with personal and professional development at an earlier stage of their tertiary education may increase the likelihood of succeeding in their academic environment and future pursuits.
References


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Myers, J. E., Luecht, R., & Sweeney, T.J. (2004). The factor structure of wellness: Reexamining theoretical and empirical models underlying the Wellness Evaluation of Lifestyle (WEL) and the Five-Factor Wel. http://www.sagepub.com/


Appendix A - Recruitment Letter

Dear Potential Participant,

I am Summerrae Arcemont, a Ph.D. candidate in the Counselor Education Program at the University of New Orleans. For my dissertation, I am conducting a qualitative study exploring psychology students’ perceptions of self-awareness interventions and wellness training in an undergraduate psychology course. This study is being conducted under the direction of Dr. Chris Belser and has been approved by the UNO Institutional Review Board (IRB).

The purpose of this study is to explore the experiences of students who have been provided opportunities to focus on their personal development in an undergraduate psychology health and wellness course that incorporates a transformational teaching approach, wellness training, self-reflective activities that promote self-awareness, and psychological hardiness concepts by examining their experiences.

You are eligible to participate in this study if:
- you are a psychology major
- you aim to pursue a graduate degree in a helping-related program or pursue a bachelor-level job in a helping-related field upon graduation, and
- you have completed Psychology 377 in Fall 2023

Participation in the study would involve participating in a 45-to-60-minute online interview via HIPAA Zoom, an encrypted platform. Interviews will be audio-recorded for data analysis purposes. You may also submit your reflective journals from the course to provide more data regarding your experiences.

Participation is voluntary, and there are no foreseeable risks associated with it. If you decide to participate in the study, you are free to withdraw your participation at any time without giving a reason. If you choose not to participate or to withdraw from the study, there will be no repercussions.

The study results will be reported in the dissertation manuscript and may also be published in academic journals and/or presented at professional conferences. However, participation is anonymous, and your name and any identifying information will not be included in any publications from the study. You will also have the opportunity to review my findings to ensure they accurately reflect your experience.

Your participation may not yield any direct benefits to you. Still, it will contribute to a better understanding of how psychology undergraduate students perceive and experience opportunities embedded within the curriculum to enhance their awareness and focus on their wellness holistically.

If you decide to participate in this research study, please email me at slarcemo@uno.edu to confirm your participation. Please include your name, preferred email account, and availability for individual interviews between December 7th-30th 2023. Once your confirmation email is received, an Informed Consent Letter will be sent to you. Please read it carefully, sign it, and send it to me via email.

Thank you for your time and for considering my invitation.

Summerrae Arcemont, LPC-S, NCC
Ph.D. Candidate, Counselor Education
University of New Orleans School of Education
2000 Lakeshore Drive
New Orleans LA 70148
Appendix B- Informed Consent (Adults)

Dear Participant:

I am a graduate student under the direction of Dr. Christopher Belser in the Counselor Education Program in the School of Education at the University of New Orleans. I am conducting a research study to examine the effectiveness of self-awareness interventions, transformational coping approaches, and wellness training in undergraduate psychology coursework. Specifically, this study will seek to answer the question: How would undergraduate students describe their journey through a fifteen-week wellness course that incorporated individual and group interventions focusing on SA development and wellness training as an aspect of personal development?

I am requesting your participation, which will involve an in-depth interview process requiring 45-60 minutes of your time. The interview will take place between the weeks of December 7th and 30th, 2023. There are no foreseeable risks associated with your participation. Your participation in this study is voluntary, and you may withdraw at any time. If you choose not to participate or to withdraw from the study, there will be no penalty. The results of the research study may be published, but your name will not be used.

Although there may be no direct benefit to you, the possible benefit of your participation is that your feedback may help universities understand the need for wellness training in undergraduate curriculum and potentially provide further insight into the type of resources that are needed to help prepare students to effectively manage their wellness and work/life balance earlier on in their college career.

If you have any questions concerning the research study, please call me at 985-448-4365, or you can reach my dissertation chair, Dr. Christopher Besler, at 504-280-5684 or ctbelser@uno.edu.

Sincerely,

Summerrae Arcemont, LPC-S, NCC

By signing below, you are giving consent to participate in the above study. (Release statement for videotaping or relinquishing confidentiality must be inserted here if applicable.)

_________________________________  _________________________  __________
Signature                           Printed Name.                           Date

If needed, please contact Dr. Roberto Refinetti (504-280-7481) at the University of New Orleans for answers to questions about this research, your rights as a human subject, and your concerns regarding a research-related injury.
Appendix C-Demographic Questionnaire

Age: _________________

Gender: _______________

Race/Ethnicity: ________________________

Sexual orientation: ______________________

Employment status (employed full-time, employed part-time, student, etc):
____________________

Spiritual practices/religion (if any): _____________________

College Generation Status (first-generation or continuing-generation): _____________

*First-generation college students are students whose parents do not have any college experience. Continuing-generation students have at least one parent who had some college experience.

Parttime or fulltime student: ______________

Plans for after graduation (i.e., graduate school/program or specific job in the helping field):
______________________________________________________________________________
Appendix D- Interview Protocol

Participant: ____________________  Scheduled time: __________
Location: ______________________  Date: ________________
Interviewer: SummerRae Arcemont  Time: ________________

Research Questions

1. How would undergraduate students describe their journey through a fifteen-week wellness course incorporating individual and group interventions focusing on SA development and wellness training as an aspect of personal development?
   a. How would they describe their wellness and their state of self-awareness at the beginning of the course versus the end of the course? (i.e., how did they engage in self-care before taking this course? What did they know about wellness coming into this course?)

2. How would students describe changes (if any) in their overall wellness upon completing the course? (i.e., awareness of needs, general functioning, ability to balance things)?
   a. How would students describe their experiences establishing wellness goals and tracking them in a group dynamic (i.e., sharing perspectives, providing peer feedback, being held accountable, and discussing personal progress/challenges)?
   b. How (if at all) would the wellness training/ personalized wellness plan that the students created and implemented during the course impact their lives throughout the semester? (i.e., short-term and potential long-term impacts)
c. How would students describe perceptions of their abilities to balance life/work responsibilities and roles upon completing the course?

d. How would they describe the perception of life challenges upon completing the course?

3. When recounting their experiences in the course, how would students convey (if at all) plans for integrating those experiences into their future personal and professional lives?

   a. How would students describe their perceptions/thoughts/beliefs regarding self-awareness and wellness and how these PD areas relate to their personal and professional roles upon completing the course?

   b. Would they identify any personal insight gained from specific interventions, course activities, or reflective assignments?

4. What feedback/recommendations would the students provide regarding course interventions/experiential exercises? (i.e., what was helpful, what was missing?)

   a. What educational components do students believe are needed in their program to help them thrive?
Appendix E- Institutional Review Board Approval Letters

THE UNIVERSITY OF NEW ORLEANS

INSTITUTIONAL REVIEW BOARD

Memorandum

Principal Investigator: Christopher T. Belser
Co-Principal Investigator: Summerrae Arcement
Date: November 21, 2023
Protocol Title: An Integrated Transformational Teaching Model Focusing on Empowering Undergraduate Psychology Students to Acquire Essential Skills for Cultivating Self-Awareness, Holistic Wellness Practices and Resilient Mindsets during their Undergraduate Career
IRB Number: 01Nov23

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has deemed that the research and procedures of the above-named protocol are compliant with the University of New Orleans and federal guidelines and meet the standard for expedited IRB review according to:

A. Research activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories, may be reviewed by the IRB through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. […]

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Review of the submitted protocol indicated that all procedures are in compliance with 45 CFR 46. Any changes to the procedures must be reviewed and approved by the IRB prior to implementation. All approvals are valid for one year and can be renewed upon request.

I wish you much success with your research project. If you have any questions, please do not hesitate to contact me at 280-7481.

Sincerely,

Roberto Refinetti, PhD
IRB Chair
NICHOLLS STATE UNIVERSITY

Human Subjects Institutional Review Board
Notice of Committee Action

The project listed has been reviewed by the Nicholls State University Human Subjects Institutional Review Board, in accordance with Federal Drug Administration regulations (45 CFR 46) and Nicholls State University guidelines to ensure adherence to the following criteria:

* The risks to subjects are minimized.
* The risks to subjects are reasonable in relation to the anticipated benefits.
* The selection of subjects is equitable.
* Informed consent is adequate and appropriately documented.
* Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
* Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
* Appropriate additional safeguards have been included to protect vulnerable subjects.
* If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 2023-11-27-07#CEBS
PROJECT TITLE: An Informational Transformational Teaching Model Focusing on Empowering Undergraduate Psychology Students to Acquire Essential Skills for Cultivating, Self-Awareness, Holistic Wellness Practices and Resilient Mindsets during their Undergraduate Career
PROPOSED PROJECT DATES: 11/27/23 to 11/27/24
PROJECT TYPE: HSIRB EXEMPT
PRINCIPAL INVESTIGATOR(S): Christopher T. Belser
OTHER INVESTIGATORS: Summerrae Arcement
COLLEGE/DIVISION: College of Education and Behavioral Sciences
DEPARTMENT: Psychology, Counseling and Family Studies
FACULTY SUPERVISOR: N/A
FUNDING AGENCY/SPONSOR: N/A

HSIRB COMMITTEE ACTION: Expedited Approval

PERIOD OF APPROVAL:

[Signature]

HSIRB CEBS Representative
Human Subjects Institutional Review Board
Nicholls State University

Date: 11/27/23

PAGE 1 of 1
Vita

The author was born in Morgan City, Louisiana. She received a bachelor’s degree in 2013 at Nicholl's State University and later earned her master’s in 2017. Summer obtained her license as a Professional Counselor in 2019. Additionally, she received her supervision credential in 2022. She began pursuing her doctorate in 2020 at the University of New Orleans and graduated with a Doctor of Philosophy in Counselor Education in Spring 2024. While enrolled in the doctoral program, she taught full-time as a psychology instructor and graduate counseling courses as an adjunct, as well as supervised master-level counseling students.