

Student Wellness and the Residency Experience

Joseph Spillman, Ph.D., Laura Simpson Ph.D., and Michelle Perepiczka, Ph.D.

ABSTRACT

This project surveys MS Mental Health/Marriage Couple and Family /Career residency students. Data has been collected over the course of one year of residencies in a variety of geographic locations to determine students' perceptions of how the Walden University residency experience impacts personal wellness. Preliminary results will be reported. The goal is to use the information to assist Walden faculty in the training, education, and personal support of counseling students in their professional and personal growth and development.

PROBLEM

Literature firmly indicates that helping professionals are at risk to develop compassion fatigue (CF) or burnout by participating in the counseling process (Figley, 1995; Stamm, 2012). Research has not examined the counseling training process in relation to CF symptom development. Residency is one of the first exposures students have to counseling. Examining student perceptions of how their wellness is impacted by the residency experience will potentially inform counselor educators how to address training issues in relation to self care.

PURPOSE

The purpose of this study is examine how the residency experience in counselor training with Walden master's level students may or may not impact students' level of compassion satisfaction, burnout, and compassion fatigue when comparing levels before and after residency.

The second purpose is to identify if a relationship exists between compassion satisfaction scores and compassion fatigue scores for this population at residency.

*Note: Although the researchers are examining the experiences of students which suggests the use of a qualitative approach, the researchers opted to take a quantitative approach in order to allow to student responses to be anonymous. This was to protect the ongoing relationship between the researchers and the students and to minimize limitations.

RELEVANT LITERATURE

Counseling is a profession that depends on the humanity of the counselor who serves as the instrument for the work. Counselors are taught to see the world through the client's eyes, to experience the client's feelings through empathy and to connect to the client's pain when they are vulnerable. That level of connection and caring are great strengths but they can also result in vulnerability for compassion fatigue and burnout. (Figley, 1995; Stamm, 2010).

Wellness is not simply the absence of disease but "a way of life oriented toward optimal health and well-being in which mind, body and spirit are integrated in the individual... and ideally it is the optimum state of well being and health that each individual is capable of achieving" (Myers, Sweeney, & Witmer, 2000, p.252).

Some of the variables that are related to counselor wellness include the counselor's self perceptions of their own wellness and manifestations of impairment (Lawson, Venart, Hazler, & Kottler, 2007).

Building on the work of Stamm (2010), Figley (1995), and Lawson et al., (2007) which asserts that the counselors level of wellness has implications for effective, ethical work with clients, this study examines factors related to counselor wellness and impairment among counseling students in training.

Figley, C. R. (1995). *Compassion Fatigue*. New York : Brunner Mazel .

Lawson, G., Venart, E., Hazlet, R., & Kottler, J. (2007). Toward a culture of counselor wellness. *Journal of Humanistic Counseling, Education and development* 46, 5-19.

Myers, J., Sweeny, T., and Witmer , W. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling and Development*, 78, 251-266.

Stamm, B. (2010). *The precise proquol manual 2nd ed.* Pocatello Idaho.

RESEARCH QUESTION

What impact does the residency experience have on the ProQol compassion satisfaction, burnout, and secondary traumatic stress levels of Walden Master's counseling students?

PROCEDURES

Convenience sampling and a pre-test post-test design was utilized for this study. All counseling students attending the MS counseling residencies from September 2011 through July 2012 were emailed an invitation to participate in the study. The pre-residency invitation included a hyperlink to the informed consent, PROQOL 5, and demographic survey's located in survey monkey. After students completed their residency experience, they were emailed a post-residency reminder to complete the PROQOL 5 survey.

DATA ANALYSIS

The raw scores were converted to t scores per the PROQOL5 manual. To compare the pre and post scores for CS, BO, and STS, t test were calculated for statistical significance and cohen's ds were calculated for practical significance.

POPULATION N = 77

ENROLLMENT	STAGE
Full Time 64 (83.1%)	Residency I 48 (62.3%)
Part Time 12 (16.9%)	Residency II 29 (37.7%)
SEX	ETHNICITY
Male 8 (10.4%)	African American 11 (14.3%)
Female 69 (89.6%)	Biracial Multiracial 3 (3.9%)
AGE	Caucasian 51 (66.2%)
20-30 20 (26%)	Hispanic/Latino 6 (7.8%)
31-40 28 (36.4%)	Native American 3 (3.9%)
41-50 21 (27.3%)	Other 3 (3.9%)
51-60 7 (9.1%)	
61-70 1 (1.3%)	

FINDINGS

Scores	Mean	SD	Min	Max
Pre CS	50.38	8.47	29.25	64.67
Post CS	49.98	9.29	15.83	64.45
Pre BO	50.74	9.70	28.81	80.20
Post BO	51.11	9.59	29.22	74.78
Pre STS	49.92	9.45	30.97	69.44
Post STS	50.54	10.58	29.44	74.75

FINDINGS CONTINUED

Paired Samples Correlations	Correlation	Sig.
Pre CS & Post CS	.672	$p < .05$
Pre BO & Post BO	.782	$p < .05$
Pre STS & Post STS	.810	$p < .05$

CS $t(76) = .493, p = .624$ Cohen's $d = .44$
 BO $t(76) = -.518, p = .606$ Cohen's $d = .44$
 STS $t(76) = -.857, p = .394$ Cohen's $d = .74$

CONCLUSIONS

- Lack of statistical significance
- Moderate practical significance – STS close to high
- CS scores were higher at the pretest
- BO scores were higher at the post test
- STS scores were higher at the post test

LIMITATIONS

- Convenience sampling was used so the scope of inference is limited.
- Self-Selection Bias.
- Self report measures were used and are vulnerable to distortions by the participants.

SOCIAL CHANGE IMPLICATIONS

- Target areas for systemic change in the training and curriculum development for counselor educators.
- The results of the study can be directly applied to the residency model to identify aspects that should remain constant or that should change in terms of attending to student wellness
- Positively affect residency students as they will be better instructed on how to engage in self care to maximize satisfaction, decrease burnout, and decrease secondary trauma.
- This will also positively impact future clients the students will work with as the counselors will be better trained to be healthier and ethical clinicians.

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