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Wellness: Paradigm for Training and Practice

Mary Ann Hollingsworth

Hollingsworth, Mary A., is an assistant professor at the University of West Alabama. She has 15 years of experience as a counselor with populations across the life span as well as settings of academia, community mental health, and primary health care. Her primary research interests and innovative work have been with counseling through a paradigm of wellness.

Abstract

Literature supports the use of wellness as a framework for counseling. Wellness models provide foundation for work in six areas: emotional, intellectual, physical, social, spiritual, and work. Two additional wellness areas, financial management and time management, are included. This study assessed needs of graduate students in overall wellness, used the results in design of an assessment and intervention within a wellness paradigm, and addressed the question “How does a wellness paradigm promote effective self-awareness and skills practice for students training to be counselors?” The Personal Wellness Questionnaire and Plan developed from this study supports use of wellness assessment and planning as tool for counseling practice.

Wellness is part of the definition of counseling: “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan, Tarvydas, & Gladding, 2014, p. 368). Meyers (2014) noted that wellness has been a core part of the counseling profession throughout its history, with increased concurrent interest as the term has become somewhat of a fad among different professions and even in pop culture.

The realms of graduate study and counselor preparation provide much information on application of a wellness paradigm for counseling practice. Graduate students are often representative of clients or students whom counselors assist in that many of them experience life events for which counseling might be sought. These life events integrate with the multiple components of wellness. Early assessment of graduate students’ wellness habits can encourage development of a wellness paradigm beneficial to future professional counselors and their clients. This paradigm can frame self-care of graduate students while in training.

Wellness Components

Several wellness models were examined and models were chosen as a foundation for this study that include multiple components. These models are the Six Dimension Model (Hettler, 1977), Wellness Continuum (Ryan & Travis, 1981), High Level Wellness (Ardell, 1986), and The Indivisible Self (Myers & Sweeney, 2005b).

Table 1

Wellness Models

Model	Concepts	Dimensions of Wellness
Six Dimension Model (Hettler, 1977)	Conscious, self-directed, and evolving process of achieving full potential. Multi-dimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment	Social Occupational Spiritual Physical Intellectual Emotional
Wellness Continuum (Ryan & Travis, 1981)	Continuum from illness to wellness. Process of integration characterized by awareness, education, and growth.	Self-responsibility Breathing Sensing Eating Moving Feeling Working & playing Communicating Intimacy & sex Finding meaning Transcending
High Level Wellness (Ardell, 1986)	A lifestyle which is consciously chosen and intended to bring about optimal health and life satisfaction.	Meeting basic needs Personal responsibility Physically fit Having a good time Openness Fortunately employed Sensible and serene
The Indivisible Self (Myers & Sweeney, 2005b)	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.	Creative Self Coping Self Social Self Essential Self Physical Self Contexts of local, institutional, global, and chronometrical (included in The Indivisible Self model)

A synthesis of the models defines wellness as a state of the totality of a person's life as mind, body, and spirit interacting with environmental contexts. Throughout life, an individual moves along a continuum from illness to wellness through personal choices and action. Myers and Sweeney (2005a) have led much of the effort throughout the counseling profession to frame counseling within the paradigm of wellness. Myers and Sweeney (2008) noted that a wellness orientation has a strengths-based approach that can maximize human growth and development. This approach supports prevention efforts with clients, students, and future counselors-in-training that may lessen decline in mental

health and strengthen capacity for coping when life's challenges occur. Common dimensions across the models are social, occupational (which could be considered school work for children), spiritual, physical, intellectual, and emotional. These dimensions were included for assessment in this study. Dimensions that were not common across the four models were not included in the study. Two dimensions of life events that also surface in counseling are finances and time management. These were not present in the four wellness models above, but literature warrants inclusion of these two additional dimensions for assessment and intervention within a counseling paradigm of wellness. Following is a more detailed discussion on these two dimensions-

Financial Wellness

Carney and Savitz (1980) conducted a study with 800 university students and 400 university faculty to ascertain the most common areas of concern for which students would self-refer or be referred by faculty to the university counseling center for assistance. Of the 14 concerns noted, faculty rated finances as the second most common problem and students rated this as the third most common problem.

Ronzio (2012) examined the concerns of adult women in the midst of career transitions and found financial security to be a critical factor in the successful management of a career transition. Ronzio noted that much of the counseling time spent with an adult woman making a career transition should focus on assessment of her current financial situation, development of financial management skills, and planning for financial stability. Sauerheber and Bitter (2013) noted the benefit of addressing contextual factors with an engaged couple such as rules and expectations of each person about management of finances.

Additionally, financial wellness counseling support is needed both in university and community settings for veterans and their families. Elbogen, Sullivan, Wolfe, Wagner, and Beckham (2013) discussed multiple ways in which these individuals can encounter challenges with financial stability after leaving military service. They also noted that "military experiences can uniquely affect financial well being" (p. 248). Elbogen et al. found that military members may not have learned to budget while in the military due to the provision of housing, rations, and health care. Additionally, multiple deployments may have an adverse impact on financial security for a service member and family. Successful financial wellness in life after the military involved attainment of financial literacy.

Wellness in Time Management

Langberg, Epstein, Becker, Girio-Herrera, and Vaughn (2012) studied an intervention targeting organization and planning skills of children diagnosed with attention deficit hyperactivity disorder. These authors included management of time in the scope of organization skills, such as planning ahead to have adequate time for academic study and management of time during and after school. The study assessed time management skills and training and encouraged practice with planning and time management.

Scanlon, Bundy, and Matthews (2010) conducted a study that hypothesized measures of using time wisely would contribute to a prediction of psychological health. They noted that general results in research on time management and psychological health

indicated significant positive associations. Scanlon et al. surveyed 150 unemployed 18- to 25-year-old Australians on meaningfulness of time use and health. Study results supported the importance of meaningful time use, especially in reasoning for an activity, in overall health with a person in unemployment.

Wellness Framework and Counselor Training

Wolf, Thompson, Thompson, and Smith-Adcock (2014) conducted a study with a semester long student-led wellness program for graduate students in counselor education. This program included both training in wellness practices and implementation of additional wellness activities in daily life. Study findings indicated that student knowledge and practice of wellness increased. Lenz, Sangganjanavanich, Balkin, Oliver, and Smith (2012) also studied the use of a wellness model of supervision for graduate students in a counseling internship and noted that participants increased awareness of wellness and developed counseling skills within this framework that were comparable to students under other models of supervision.

Some counselor training programs include opportunities to earn practicum or internship hours with undergraduate students through their own university counseling center or a departmental counseling lab. As with graduate students, undergraduate students experience a myriad of issues that warrant counseling support. These include daily life skills needs, as well as needs related to a mental illness diagnosis.

Increasing Need for Wellness Education

Jodoin and Robertson (2013) noted empirical evidence that college students are coming to campus with more severe psychological concerns than in the past. This has an impact on the initial college experience and also on interventions such as suicide prevention. These authors noted the need for suicide prevention that goes above and beyond the traditional medical-based treatment models. Jodoin and Robertson discussed the Jed Foundation and the Suicide Prevention Research Center research-based model of comprehensive suicide prevention, which is integrated within the SAMSHA Suicide Prevention grant directives currently being implemented at the University of West Alabama. Two components of this model are also components of wellness: Develop Life Skills and Promote Social Networks.

Technology and Wellness Education

The increase of technology has provided an optimal opportunity to promote wellness education and practices for college students in a flexible and user-friendly format. Quartiroli and Zizzi (2012) noted the tendency for entering college students to acquire habits that can lessen overall health and wellness such as gaining the “Freshman 15.” They conducted a study of an 8-week intervention program that was delivered via the Internet. Results of the study indicated that this intervention was effective in promotion of wellness and efforts to improve health habits. This study also encouraged counselors-in-training to develop interventions for their own universities via technological methods.

Method

The purposes of this study were to assess needs of graduate students in overall wellness, to use the results of this assessment in the design of a protocol for assessment and intervention within a wellness paradigm, and to address the question “How does a wellness paradigm promote effective self-awareness and skills practice for students training to be counselors?” A convenience sample of current graduate students was used for this study.

This study was approved by the University of West Alabama Institutional Review Board and consisted of two phases, with information in the second phase building on information acquired in the first phase. These two phases are represented by the two research questions. Research question one was “What needs do graduate students have that are representative of components of wellness?” This information was attained through an electronic survey of 746 graduate students and 64 graduate faculty. Survey results informed the development of an assessment and intervention protocol, the Personal Wellness Questionnaire and Plan. It was designed based on a wellness paradigm with which to train students as future counselors. Research question two was “How does a wellness paradigm promote effective self awareness and skills practice for students training to be counselors?” Eighty-one students in five classes engaged in skills practice during each class session with a classmate partner or worked with a volunteer child or adolescent to increase awareness and develop skills for personal wellness. Student work was also framed in one of the counseling theoretical approaches studied in the course.

Participants

Phase one. University graduate students (N=2,629) were invited via e-mail to respond to a needs assessment survey (see Appendix A) on issues that could be helped through counseling services. A total of 746 students responded. Of these respondents 5.8% were male and 94.2% were female; 54.4% were Black, 41.3% were White, and 4.4% were of other racial/ethnic backgrounds. The age ranges represented in the sample were: 8.7% were 18–25 years old, 36.9% were 26–35 years old, 41.3% were 36–50 years old, and 13.1% were over 50 years of age. These demographics were representative of the overall graduate student population for the University of West Alabama.

Graduate faculty members were also invited to respond to a survey on their perceptions of student needs that could be assisted through counseling. Of the faculty responses, 28.1% were full-time faculty and 71.9% were adjunct faculty who teach in the university’s online graduate courses. Of these, 82.5% were female and 17.5% were male. Of faculty respondents, 87.5% were White, 9.4% were Black, and 3.2% were of other racial/ethnic backgrounds.

Phase two. Graduate student needs as assessed in phase one were compared with the common components of wellness as indicated by the reviewed models. The Personal Wellness Questionnaire and Plan (PWQP) was then developed as a wellness paradigm assessment and intervention (See Appendix B). This was used in five graduate courses in counseling and psychology as a framework for skills training and practice. These courses were two sections of Counseling Theories and Techniques, two sections of Counseling Children and Adolescents, and one section of Therapeutic Relationships. A total of 81 students participated with 12.3% male and 87.7% female; 87.7% of the students were

Black and 12.3% of the students were White. Ages represented were 2.4% were 18–25 years old, 70.4% were 26–35 years old, 23.5% were 36–50 years old, and 3.7% were over 50 years old.

Measures

Phase one. For phase one, a survey needs assessment (see Appendix A) was developed for graduate students on issues that could be addressed through counseling services. This survey contained 37 total items divided into five areas: four items addressed demographic information, eight items addressed academic issues; 11 items addressed feelings and inner self; seven items addressed health and wellness; and seven items addressed relationships. The final item provided opportunity for respondents to discuss any concerns not covered elsewhere in the survey. In each of the last four areas, students were asked to note which items they considered to be an important student need.

The survey administered to faculty in phase one included 16 total items with four items on demographics and 12 Likert-type items which measured faculty opinion from strongly agree to strongly disagree. Of these 12 items, four items focused on academic needs, six items focused on student personal needs, and two focused on need for wellness information for faculty and for students.

Phase two. Based on the results from phase one, the PWQP was developed to integrate the common wellness components from previous models with the two additional areas of finances and time management. In phase two, students in three graduate counseling courses used this protocol to practice counseling skills (see Appendix B). This protocol was modified for use in two additional sections in the Counseling Children and Adolescents course as they worked with a volunteer who was a child or adolescent. This modification is noted in Appendix B.

Procedures

Surveys were completed by faculty and students in phase one through invitation via e-mail to complete an electronic survey with link. The surveys were administered and results compiled through the University Office of Institutional Effectiveness. The researcher then analyzed results for fit with common components in wellness models reviewed.

Using the needs assessment survey results from phase one, the researcher developed a Personal Wellness Questionnaire and Plan (PWQP) to be used with students in counselor training courses for both self awareness assessment and skills practice within the course (See Table 2). In each course, students first completed a self-assessment and developed a plan for self-improvement in noted areas of need. Students then engaged in skills practice to address noted needs with skills applied per the content of the respective course.

Students in the Counseling Theories and Techniques class and the Therapeutic Relationships class engaged in skills practice during each class session with a classmate partner in which they applied content focus for the respective class. Students worked with the same partner throughout the course and each class's skills practice included role play as the counselor and the client. Each class member was free to share the concern from the individual PWQP that he or she would like to work on in the skills practice. In Counseling Theories and Techniques, students were asked to practice techniques per the

theory of study in the respective class session. Examples were, use of “free association” with the psychoanalytic approach and use of the “exception question” with solution-focused therapy. In Therapeutic Relationships, students were asked to practice the focus skills studied in that respective class session. For example, one class focused on the skills of probing and summarizing and another class focused on goal setting.

Students in Counseling Children and Adolescents were asked to work with a volunteer child or adolescent to increase awareness and develop skills for personal wellness. As this course focused on application of counseling theories to work with children and adolescents, these students selected a theoretical framework within which to work with their volunteer. They first obtained written permission from the volunteer and caregiver for participation in the project. Then they conducted a personal wellness assessment that was a modification of the PWQP to fit younger participants. From this assessment, they worked with the volunteer to select an area of wellness to work on for 6 weeks of the course. Course students met with the volunteer on a weekly basis and used their chosen theoretical approach to assist their volunteer to make the desired wellness improvements.

Students in all classes maintained a portfolio throughout the course that included the initial assessment of wellness for self or a volunteer, a weekly journal entry that described and assessed the skills practiced and outcomes, and a final paper that provided summary of the work throughout the course in skills practice, progress on goals accomplishment, and reflection on what was learned and what was still needed to continue progress initiated in the intervention started in the course. Table 2 is a copy of the weekly self-assessment for students in Therapeutic Relationships.

Table 2

Self-Assessment on Skill Usage for Therapeutic Relationships

Question	Yes	No	NA
1. Did I conduct a client-centered session?			
2. Did I provide too much technical information?			
3. Did I take advantage of the opportunity for psychoeducation?			
4. Did the client speak as much or more than I did?			
5. Did I assess progress of goals?			
6. Did I attain use of open questions?			
7. Did I offer empathy-based responses?			
8. Did the client understand the meaning of any test results?			
9. Did I assess availability of the client's social support?			
10. Did I discuss referral options with the client?			
11. Did I follow a particular theory?			
12. Did the client determine an immediate plan of action?			
13. Did I deal with the client's and my own emotional reactions?			
General reflection of what I did well and what I need to work on.			

Results

In phase one, students indicated concerns that do align with components of wellness as shown in Table 3. Faculty responses in phase one presented greater perception of need for assistance in academic support areas such as writing and study skills. However, faculty did indicate 64.1% acknowledgment of student need for assistance with time management, 26.6% for stress management, 7.8% for mental health, and 3.1% for career counseling. Faculty also indicated 60.3% agreement or strong agreement that faculty and staff would benefit from wellness information such as exercise, nutrition, and stress management. Faculty indicated 70.3% agreement or strong agreement that students would benefit from wellness information in these same areas.

Table 3

Student Survey: Highest Percentage Responses per Wellness Components

Survey item	Percent of students seeing item as a need	Wellness component
Stress Management	61.5	Emotional
Adjustment to classes	58.8	Emotional and Intellectual
How to maintain overall wellness/ well-being	47.1	Physical and Spiritual
Communication issues	46.4	Social
Financial issues	45.0	Financial
Concern with classes	42.6	Emotional and Intellectual
Career planning	39.1	Work
Anxiety	37.7	Emotional
Time management	34.9	Time management
Motivation	33.9	Spiritual
Family issues	29.5	Social
Test taking strategies	26.9	Intellectual
Goal setting and accomplishment	26.8	Time management
Conflict management and resolution	26.8	Social

In phase two, students indicated how self-awareness on wellness had progressed through their end of course reflection paper. In the two classes on Theories and Techniques, the final assessment on competency in skill usage was a student demonstration in which each student randomly drew a skill to practice in a given scenario in which a classmate role-played the client; 67% of the students were able to correctly use the randomly drawn skill with their client role model. In the two classes on Counseling Children and Adolescents, students were required to demonstrate a skill of their choice that they had used with their volunteer. Some students provided a video of the specific activity and some students led the class in an activity. All students demonstrated correct application of the skill chosen. In the class on Therapeutic Relationships, students submitted a weekly journal in which a self-assessment was provided on skills usage. These indicated that most students grew in appropriate use of

skills as they answered the self-assessment questions each week. Students in all classes indicated efficacy of the wellness framework for learning skills through comments with their end of course evaluation through an overall rating of 3.73 (on a scale with 5.00 as the maximum rating) in agreement with the statement “I have become more competent in this area due to this course.” Individual student comments included perception of benefit in learning how to become a counselor, what to say and how to speak to a person in need, practical application of course content, and the self-assessment portion of the class.

Discussion

The current study included a survey of graduate students and faculty on perceived needs for which students could receive support through the university counseling center. Of 746 student respondents, 45% indicated financial issues to be a concern and 34.9% noted a concern with time management. Student comments included the observation that almost all graduate students had full-time jobs in addition to school, and some shared feelings of frustration with trying to maintain balance between family and class. Of 64 faculty responses, 91.9% indicated that students needed help developing effective time management strategies and organizational skills. Due to student responses regarding finances and time management, literature was also reviewed in these areas of wellness. Research supports inclusion of financial and time management wellness with mental health clients outside an academic setting.

Previous research provides support for the use of wellness as a framework in counseling and in counselor training. Wellness models previously provided foundations for work with clients in issues for six areas of emotional, intellectual, physical, social, spiritual, and work wellness. Assessment of needs in this study indicated additional wellness concerns in the areas of financial management and time management. A literature review on these areas supported inclusion of these two areas in a wellness framework for counseling. Further research is needed to clarify the significance of these as part of a wellness paradigm for counseling. Surveys of graduate students, graduate faculty, and the work done by participants in this study indicate an opportunity for counselors to assist their clients in both problem prevention and problem resolution through a wellness framework of practice. The PWQP protocol from this study supports use of wellness assessment and planning as an intervention in work with clients toward whole person wellness.

As graduate students can represent general adult populations, results of this study could provide a foundation for further study with additional populations. While this study included online students from geographic regions other than west Alabama and included only graduate students, further study in other settings would strengthen the knowledge base on usefulness of a wellness paradigm for counseling. Further study is needed on inclusion of financial management and time management as components of a wellness paradigm for counseling. Further study would especially be helpful on application of wellness assessment and intervention within counseling practice. Finally, this study supports the need for continuing advocacy of counselors to promote practice that is rooted in promotion of whole personal wellness for self and clients.

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Appendix A

**NEEDS ASSESSMENT SURVEY
COUNSELING SERVICES**

The purpose of this survey is to guide provision of Counseling Services that best meet the needs of graduate students attending this University in either campus or online courses.

On numbers 1–4, indicate the choice that matches you.

1. What is your gender?
☐ Female
☐ Male
2. What is your race/ethnic background?
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic of any race
☐ White
☐ 2 or more races
3. What is your age?
☐ 18–25
☐ 26–35
☐ 36–50
☐ Over 50
4. What is your graduate student classification?
☐ Campus student
☐ Online student

In the following four areas, indicate all items in each of the areas that have been concerns for you at some point in graduate school.

Academics and/or Work:

- ☐ Career planning
- ☐ Concern with classes
- ☐ Financial issues
- ☐ Goal setting and accomplishment
- ☐ Study Skills
- ☐ Time Management
- ☐ Test Taking Strategies
- ☐ Other academic issues (please write in if not listed above)

Feelings and Inner Self:

- _____ Adjustment to college and/or homesickness
- _____ Anxiety
- _____ Assertiveness
- _____ Body image
- _____ Depression
- _____ Grief/bereavement
- _____ How to express feelings
- _____ Motivation
- _____ Self-esteem
- _____ Suicide
- _____ Other issues related to feelings or inner self (please write in if not listed above)

Health and Wellness:

- _____ Alcohol and/or drugs
- _____ Eating disorders
- _____ How to maintain overall wellness/well-being
- _____ Pregnancy
- _____ Stress management
- _____ Suicide
- _____ Other issues related to health and wellness (please write in if not listed above)

Relationships:

- _____ Anger management
- _____ Communication issues
- _____ Conflict management and/or conflict resolution
- _____ Family issues
- _____ Friendship issues
- _____ Sexual assault and/or domestic violence
- _____ Other interpersonal relationship issues (please write in if not listed above)

Other Areas Not Covered Above: Please indicate below any issue that you consider to be important that is not covered above.

Appendix B

Personal Wellness Questionnaire & Plan

Whether the major focus of your life is being a student, working a job, or enjoying your retirement, there are multiple areas of your life that contribute to the success of your major focus. Those areas together make up your personal wellness.

The purpose of this questionnaire is to indicate your current profile of overall wellness and to help you plan a foundation from which to build and strengthen your different areas of personal wellness to better support the major focus of your life.

INSTRUCTIONS:

In each of the following 8 components of personal wellness, please indicate how often the following statements apply to you. For the total score for each component, add up the columns and enter the total of those. **NOTE: Adults were asked to complete the form with pen. Children and adolescents completed this verbally as they were read the statements and asked to indicate which category applied to them—Very little of the time, Sometimes, or Most of the time. Statements were indicated as Not Applicable with children and adolescents if the item did not apply to them at that time. An example would be if a child did not have a credit card.**

Emotional: Having high self-esteem and confidence, satisfying relationships, a support network, and staying optimistic.

Priority for Effort	Statement	Very little of the time—score of 1	Sometimes—score of 2	Most of the time—score of 3
	I have a well-developed sense of my own attitudes and values.			
	I average 7–8 hours of sleep daily.			
	I find healthy ways to cope with stress (e.g., exercise, relaxation, social support).			
	I am able to cope with feelings of sadness and worry.			
	I seek counseling if I face problematic or enduring emotional difficulties in my life.			
Total Score	Total score of all three columns:			

Financial: Maintaining a balanced budget for expenses while also practicing money-saving techniques. Preparedness for all expenses, including short-term, long-term, and emergencies.

Priority for Effort	Statement	Very little of the time—score of 1	Sometimes—score of 2	Most of the time—score of 3
	I budget my funds so that I do not run out of money.			
	I balance my checkbook regularly.			
	I know my total amount of debt.			
	I have one or no credit cards (debit cards not included).			
	I am never late on payments.			
	I put money into savings on a regular basis.			
	I have at least 10% of my annual income in an interest earning savings account.			
Total Score	Total score of all three columns:			

Intellectual: Getting the most out of life by asking questions, being open to new ideas, learning new skills, and studying effectively.

Priority for Effort	Statement	Very little of the time—score of 1	Sometimes—score of 2	Most of the time—score of 3
	I look for ways to learn more about a variety of things.			
	I take on challenges as a chance to learn.			
	I am curious about things.			
	I am creative.			
	I try to improve myself.			
	I do something several times a week to work my brain, such as puzzles, studying, or hobbies.			
	I read.			
Total Score	Total score of all three columns:			

Physical: Maintaining optimal health by getting enough sleep, eating healthy, exercising, and avoiding unhealthy habits.

Priority for Effort	Statement	Very little of the time—score of 1	Sometimes—score of 2	Most of the time—score of 3
	I am active at least 20–30 minutes two to three days a week.			
	I maintain healthy eating patterns.			
	I eat at least 5 servings of fresh fruits and vegetables daily.			
	I drink zero to no more than 1 drink a day (women) or 2 drinks a day (men).			
	I avoid harmful use of drugs (includes tobacco, marijuana, alcohol, etc.).			
	I practice safe sex (e.g., use a condom, partners test negative for STIs) or practice abstinence.			
	I see a health care practitioner if I can't solve a health concern on my own.			
	I manage my weight in healthy ways.			
Total Score	Total score of all three columns:			

Social: Having a supportive social network, contributing to society, and valuing cultural diversity.

Priority for Effort	Statement	Very little of the time—score of 1	Sometimes—score of 2	Most of the time—score of 3
	I am satisfied with my social life.			
	I am involved in at least one group (e.g., civic club, church, sports team, etc.).			
	I maintain a network of supportive friends/family/social contacts.			
	I have a least one meaningful relationship.			
	I am accepting of the diversity of others (e.g., race, religion, gender, ability, etc.).			
	I give priority to my own needs by saying “no” to others’ requests of me when applicable.			
Total Score	Total score of all three columns:			

Spiritual: Possessing a set of guiding beliefs, principles, or values that give meaning and purpose to life, having a clear understanding of right and wrong, seeing the beauty in life and finding joy in everyday life. Spiritual wellness is also the capacity to love, have compassion for others, forgiveness, joy, and fulfillment.

Priority for Effort	Statement	Very little of the time—score of 1	Sometimes—score of 2	Most of the time—score of 3
	I have a belief system (e.g., spiritual, atheist).			
	I have a sense of purpose in my life.			
	I take time for spiritual growth/development.			
	I utilize resources to improve my well-being.			
	I spend time reflecting and meditating.			
Total Score	Total score of all three columns:			

Time Management: Managing time wisely to have more time to do the things we want to do.

Priority for Effort	Statement	Very little of the time—score of 1	Sometimes—score of 2	Most of the time—score of 3
	I plan some “me time” each day.			
	I use a prioritized list of “Things to Do.”			
	I begin my day with a plan of action.			
	I keep the different areas of my life in balance.			
	I keep my life’s “stuff” organized.			
Total Score	Total score of all three columns:			

Work (paid or unpaid): The ability to get personal fulfillment from our work while still maintaining balance in our lives. Our desire to contribute to make a positive impact on the organizations we work in and to society as a whole.

Priority for Effort	Statement	Very little of the time—score of 1	Sometimes—score of 2	Most of the time—score of 3
	I spend some time each week doing a job, volunteer or service work, or work at home, such as chores or hobbies.			
	I am developing the necessary skills to achieve my work goals.			
	I have confidence in my skills to do the work I want.			
	I work effectively with others.			
	I know where to find work to do that I am interested in doing.			
Total Score	Total score of all three columns:			

TOTAL WELLNESS SCORE: Add up your scores for all 8 components of wellness to give you your total wellness score.

PRIORITY FOR EFFORT: It is common for people to have some areas in which they are well much of the time, some areas in which they are well some of the time, and some areas in which they are well very little or none of the time. As you look back at your scores in the different areas, note the areas in which you indicated “very little of the time.” Pick one of these in each of the 8 wellness components to prioritize your efforts for improvement. If you were well enough in a component that your lowest scores were “sometimes,” then choose one of these response areas as a priority for attention.

NOW you are ready to develop your **Personal Wellness Plan.**

FOLLOW-UP PLAN: Complete the following for each priority area that you indicated.

Area to work on: _____

Things I can to do make this improvement.	When will you start doing this?	How often will you do this?	What resources do you need to get to help you with this (money, people, etc.)?

NOW—GO DO IT!

To keep yourself on track, review the questionnaire on a regular basis (such as monthly or quarterly) to check if you have made improvement or gone backwards in areas. Becoming well and staying well requires regular maintenance—just like our vehicles. A regular check-up can help you stay well and help you better accomplish the main focus of your life.