Student Wellness and the Residency Experience

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Abstract

This project surveyed MS Mental Health/Marriage Couple and Family/Career residency students. Data was collected over the course of two years of residencies in a variety of geographic locations to determine what impact the residency experience had on the ProQuol Compassion Satisfaction, burnout and secondary traumatic stress levels of Walden Master’s counseling students. The goal was 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 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’ levels 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.

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, Hazlet, & 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.


Research Questions

What impact does the residency experience have on the ProQuol compassion satisfaction, burnout, and secondary traumatic stress levels of Walden Master’s counseling students? Total scores on each section of the ProQuol were analyzed.

Procedures

• Convenience sampling and a pre-test post-test design were utilized for this study.
• All counseling students attending the MS counseling residencies from September 2011 through July 2013 were invited to participate in the study.
• Pre and Post test surveys were distributed via Survey Monkey.

Data Analysis

The raw scores were converted to t scores in PROQOL5. 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 obtained effect size.

Findings

POPULATION N = 236

<table>
<thead>
<tr>
<th>ENROLLMENT</th>
<th>STAGE</th>
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<tbody>
<tr>
<td>Full Time 206 (87.3%)</td>
<td>Residency I 137 (58.1%)</td>
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<tr>
<td>Part Time 30 (12.7%)</td>
<td>Residency II 99 (41.9%)</td>
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<thead>
<tr>
<th>SEX</th>
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<tbody>
<tr>
<td>Male 28 (11.9%)</td>
<td>Female 207 (87.7%)</td>
<td></td>
</tr>
<tr>
<td>Female to Male Transgender 1 (0.4%)</td>
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<thead>
<tr>
<th>AGE</th>
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<tbody>
<tr>
<td>20-30 69 (29.2%)</td>
<td>African American 45</td>
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</tr>
<tr>
<td>31-40 78 (32.2%)</td>
<td>Biracial Multiracial</td>
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</tr>
<tr>
<td>41-50 56 (23.7%)</td>
<td>Caucasian 162</td>
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<tr>
<td>51-60 30 (12.7%)</td>
<td>Hispanic/Latino</td>
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<tr>
<td>61-70 4 (1.7%)</td>
<td>Native American</td>
<td></td>
</tr>
<tr>
<td>71-80 1 (0.4%)</td>
<td>Other</td>
<td></td>
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</tbody>
</table>

SD

Max

Mean

Part BO Post BO Pre CS Post CS Pre BO Pre STS Post STS

Scores 50.20 46.70 50.33 50.00 50.29 50.03

Pre CS 48.89 49.26 9.37 10.01 9.60 10.04

Post CS 48.89 10.00 15.03 18.92 32.37 30.93

Pre BO 50.33 30.46 88.38

Post BO 50.00 88.38

Pre STS 50.29 30.93

Post STS 50.03 82.48

Paired Samples Correlations Correlation Sig

Pre CS & Post CS .713 p < .05

Pre BO & Post BO .234 p < .05

Pre STS & Post STS .729 p < .05

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.

Conclusions

• Majority of scores were within the mid range compared to norm group
• Lack of statistical & practical significance in pre and post test
• High correlations between pre and post as expected
• Residency experience does not seem to have an impact on CS, BO, or STS

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.